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CITY AND COUNTY OF THE CITY OF EXETER

OF HYGIENE AND TROPICAL MEDICINE
22 JUL 1968

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

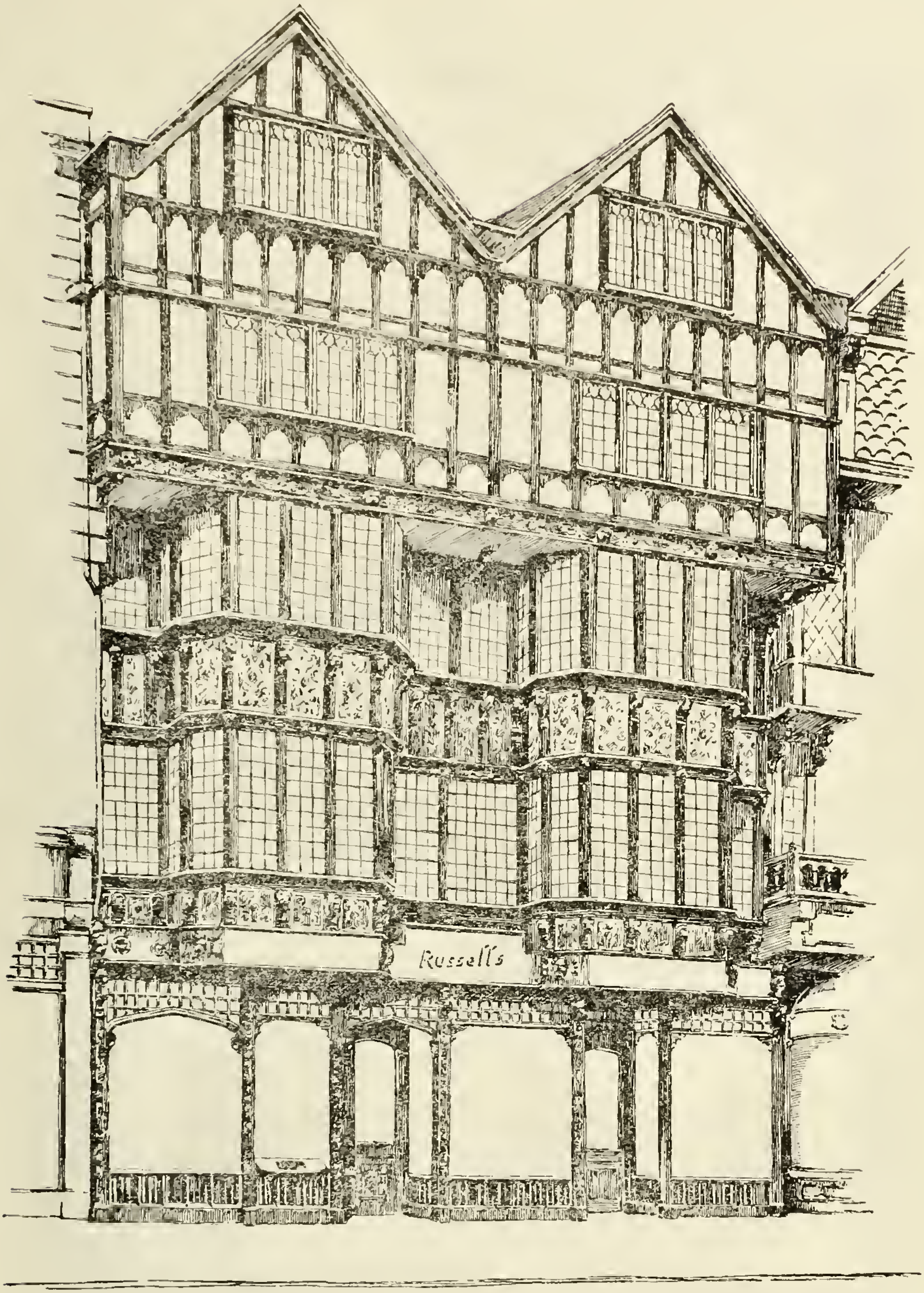
SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1965

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
PRINCIPAL
SCHOOL MEDICAL OFFICER

CITY AND COUNTY OF THE CITY OF EXETER



(Above sketch by H. Doble, 1966)

(225/6 High Street, Exeter).

This fine Elizabethan house (or rather pair of houses) was built in 1567 by a wealthy merchant, Thomas Prestwood. He built a considerable number of houses of which this is the only one to survive. Later it was owned by Mr. Robert Trewman, one of the original proprietors of the " Exeter Flying Post ", who carried on printing and publishing here. The " Express & Echo " was first published from here on October 1st, 1904 subsequent to the amalgamation of the " Western Echo " and " Devon Evening Express ". The property was restored in 1907, the two upper floors being refronted in imitation half-timber work.

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SCHOOL HEALTH DEPARTMENT,
1A, SOUTHERNHAY WEST,
EXETER.

June, 1966.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

SCHOOL POPULATION

I submit my annual report on the health of the school children and on the work of the School Health Department for the year 1965. The increase in the child population in maintained schools has been very small. The Registrar General estimates the number of children over 5 and under 15 years of age in the city in mid-1965 as 11,100, a figure unchanged since 1963, and much below that estimated in the previous few years; it is also less than the number of children attending in our schools 11,454 (in January, 1966): the reasons for this apparent discrepancy were discussed in my report for 1964.

It is expected both because of new statutory requirements, regarding the school-leaving age and also because the trend is to continue in school beyond the statutory minimum school-leaving age, that the numbers in school will steadily increase. Official projections indicate that the school population in England and Wales will rise from 7.6 million in 1963 to 8.7 million in 1970, with a further increase of almost 2 million in the succeeding 10 years (" Education ", September, 1964, p. 358). Of course, projections being based on assumptions are notoriously uncertain, in the long term.

SCHOOLS

No new schools were opened in the city: building of the new Southbrook School for educationally handicapped children was commenced, and it should be available by Easter, 1967. This new school in pleasant surroundings with specialist, trained teachers and special equipment, and comprehensive medical and psychological support should prove of great value to children with learning difficulties. No doubt some of the children now in special residential schools will be able to live at home and attend this school daily.

HEALTH

The health of the children remained satisfactory; infectious disease was not prominent although cases of dysentery and various forms of gastro-enteritis were rather common, and, as is invariable, far exceeded in number those recorded in this report. No cases of poliomyelitis or diphtheria occurred. There was nothing very unusual in the school medical findings.

Medical Accommodation in the Schools

An appendix sets out the accommodation available in the schools for medical examination. In some schools this leaves much to be desired.

Medical Examinations

Medical examinations of school children followed the patterns of recent years ; briefly, a complete medical examination in the second term at school, and another at about 13 years or so, the intervening period being covered by the selective procedure described in previous reports. In a boys' grammar school we tried out, in place of the 13-year-old periodic medical examinations, the use of a medical questionnaire to parents with subsequent selection of children for medical examination, according to the answers given. Dr. Baker, a keen advocate of selective procedure, contributes interesting personal observations, on page 21. A sample check in regard to the 8-year-old and 11-year-old children shows, however, that the selective method can only succeed if the parents take an active part in securing medical supervision for their children ; experience shows that the department must continue its efforts to encourage this kind of active participation. If the " school leaver medical examination " is to be used as a screening procedure in relation to fitness for factory work, as is now advocated in a report by a sub-committee of the Industrial Health Advisory Committee to the Ministry of Labour (" The Appointed Factory Doctor Service ", H.M.S.O. 1966) we will have to reconsider the system of medical supervision in the last phase of school life.

Partially Hearing

Whilst we were all pleased that Mr. R. D. Williams, the Authority's peripatetic teacher of the deaf, gained well deserved promotion as headmaster of the School for the Deaf, Bristol, our service for partially hearing children suffered thereby a really serious set-back. Dr. Baker and he had worked enthusiastically in developing the service with its joint medical and educational concern.

The Committee was neither able to replace him nor to appoint the second teacher of the deaf approved in the establishment. This illustrates one of the problems which faces an authority such as this in contemplating the establishment of special units in ordinary schools for partially hearing children. If continuity of staffing cannot be ensured, the unit is in more or less constant danger of break-down with consequent frustration and damage to the children attending. We have not so far established any such units. We are more fortunate than many authorities in having a progressive school for the deaf in the city ; this is run under voluntary auspices. Our contact with the school is close and should be made as close and informal as possible. Mr. Kettlewell's successor as head of the Royal School for the Deaf, Exeter, Mr. R. E. Olding, has been very helpful. He tells me that in 1966 he is arranging for selected pupils there to attend part-time at other educational establishments in the city. This marks a forward step. The Audiology Unit, begun during 1965, is now in use and is available for testing both pre-school and school children. A valuable report by Dr. Baker on the audiology service is included (p. 30). 42 children attending ordinary schools were wearing hearing aids at the end of the year, 14 having been provided during 1965. The more intensive the search the more cases requiring care are discovered.

Vision

Arrangements were made whereby a clinic session was made available specifically for Exeter school children at the West of England Eye Hospital ; 18 children attend fortnightly 6 new cases, 12 re-visits) ; a school nurse assists at this session ; an increasing number of children are attending opticians under the Supplementary Eye Service arrangements.

Colour Vision

A survey by Dr. McLauchlan of the results of tests of colour vision in school children over the last 11 years, is included in this report. The Ishihara plates test is used as a screening procedure, and the Giles-Archer lantern test (using R.A.F. standard) is applied to those failing the Ishihara test.

Routine colour vision testing, using Ishihara plates, was introduced here in 1951 in both boys and girls at the school leaving medical examination. In 1952 as a result of the experience of a boy who had set his heart on a naval career being discovered to be severely colour blind, we changed the timing to the intermediate examination at about 11 years and in 1955 we introduced further analysis by using the Giles-Archer Lantern. In 1959 we limited the routine testing to boys, and in 1962 brought forward the timing to the 10-year-old group because in our selective system introduced about that time, the routine medical examinations on entry to the secondary school was discontinued. Girls are very rarely colour blind but we are always willing to examine the colour vision of any girl upon request. A table of occupations available in Exeter and limitations imposed by colour defects, which was circulated to the heads of all schools, was given in my report for 1961.

Dental Service

The dental service suffered some staff changes. The number of attendances at the clinics declined somewhat. Mr. Pryor reports on the service on p. 37.

Child Guidance

As was to be expected with the further appointment of Dr. Wardle as Consultant Psychiatrist for two sessions a week, the attendances at the Child Guidance Clinic have increased. After a long interval without an educational psychologist, Mr. D. J. Thomas, B.A., DIP.ED.PSYCH., was appointed by the Education Committee in April, 1965 and he has given 4 sessions a week to the Child Guidance Service. The committee agreed in 1966 to a further part-time appointment, not yet made ; there is also need for more psychiatric social work.

SPEECH THERAPY

Speech therapy is important ; it should be related both to Child Guidance and to the Audiology Service, since both are closely concerned with factors in the child which may seriously hamper him in speech. The present headquarters of the speech therapists is in the Child Guidance Clinic ; most of their sessions are held in clinics and schools throughout the city ; sessions are now being held (1966) in the Audiology Clinic. An additional part-time therapist was appointed during the year—our total whole-time equivalent is now 2 therapists (1 session weekly being devoted to the Health Committee's Ellen Tinkham House for severely mentally-handicapped children). Miss Hastings contributes a note on stammering.

It is a great pleasure to record that Miss Ann Wallace, who was speech therapist here from 1949 to 1953, is now Chairman of the Council of the College of Speech Therapists. Miss Moira McGovern, who succeeded her from 1953 to 1955, has been appointed Principal and Director of Studies in the Edinburgh School of Speech Therapy.

SCHOOL ACCIDENTS

An interesting report by Dr. McLauchlan on school accidents reported to us during the past seven years (1959-1965) is included in this report.

STAFF

We have suffered considerable interruption in the work of the department, owing to the illness of Dr. M. D. Cameron from April onwards. Dr. Cameron has since resigned. She had worked untiringly for the welfare of the school children and we hope she will now enjoy better health.

CONCLUSION

I can, as always in the past, sincerely thank the Director of Education and the head teachers and staff of the schools for their ever willing co-operation ; without their enthusiasm much would be lost, and much could not be done. The parents naturally take a keen interest in the work we do for the children, and appreciate it. My staff, professional and clerical—especially Dr. C. H. J. Baker and Mr. W. H. Stamp, Administrative Assistant—have all contributed to the good work done, and especially to developing closer links with the family doctors and consultants in the city. To you, Mr. Chairman, Ladies and Gentlemen, and especially to the Chairman and members of the Special Services Sub-Committee, I express my own and my staff's grateful thanks for your understanding and support during the year.

The children are the nation's future assets ; they are the fulfilment of the family ; " Oh, the children, the children " wrote Pope John XXIII, " What riches and what a blessing ". All concerned with the health of school children share in a special way in the privilege of improving the real wealth of the nation for " there is no wealth, but life," helping the school children not only as we used to say in the past, " to benefit from education " but much more, to enable them to enjoy a fuller life.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE

(as constituted on 31st December, 1965)

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(J. L. SMEALL, Esq., J.P., M.A.)

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(*Chairman*)

Councillor W. J. HALLETT, T.D., LL.B.
(*Deputy Chairman*)

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J. L. HOWARD, M.SC., A.R.I.C., *Director of Education*

E. D. IRVINE, M.D., M.R.C.S., D.P.H., *Principal School Medical Officer*

STAFF OF THE SCHOOL HEALTH DEPARTMENT

Principal Sch. Med. Officer & Medical Officer of Health	Edward D. Irvine, M.D. (LIV.), M.R.C.S., L.R.C.P., D.P.H.
Dep. Principal Sch. Medical Officer & Dep. Med. Officer of Health.	George P. McLauchlan, M.B., CH.B., (EDIN.), D.P.H., D.C.H.
School Medical Officers and Assistant Medical Officers of Health.	Iris V. I. Ward, M.D. (LOND.), M.R.C.S., L.R.C.P., D.C.H. Charles H. J. Baker, M.R.C.S., L.R.C.P., D.P.H. Margaret D. Cameron, M.B., CH.B. (ABERDEEN), D.P.H.
Principal Dental Officer	Alvin Pryor, L.D.S., R.C.S. (ENG.).
Dental Officers	Martin Radford, B.A. (OXON.), L.D.S., R.C.S. (ENG.) (Resigned 31.1.65). Robert B. Mycock, L.D.S. (BRIS.) Edward G. Reader, L.D.S., R.C.S. (ENG.). (Resigned 31.7.65). Talbot N. Praat, L.D.S., R.C.S. (ENG.). (Appointed 1.4.65). Gillian A. Rampton, L.D.S. (DURHAM) (Appointed 1.12.65).
Child Guidance Centre	Hardy S. Gaussen, M.R.C.S., L.R.C.P., Medical Director (Part-time). *Christopher J. Wardle, M.D., D.P.M., Consultant Psychiatrist (Part-time). David J. Thomas, B.A. (HONS.), DIP. ED. PSYCH., Educational Psychologist (Part-time) (Appointed 15.3.65). Mrs. M. C. Jenkin, B.A. (LOND.) (Psychiatric Social Worker). Mrs. E. Lewis, M.A. (OXON.), M.ED. (BIRM.), (Psychotherapist—part-time) (Resigned 11.3.65).
Speech Therapists	Miss I. W. Hastings, L.C.S.T. Mrs. M. Peel, L.C.S.T. (Part-time). Mrs. I. J. Cope, L.C.S.T. (Part-time). From 28.9.65.
Superintendent Sch. Nurse (Also Supt. Health Visitor)	Miss C. M. Wilkinson, S.R.N., S.C.M., H.V. Cert.
School Nurses (Also Health Visitors) ...	Miss B. M. Barnett, S.R.N., S.C.M. (Pt. 1), H.V. Cert. Resigned 30.6.65. Miss L. M. Barrett, S.R.N., S.C.M., (Pt. 1), H.V. Cert. Miss G. M. Bastow, S.R.N., S.C.M., (Pt.1), H.V. Cert. Miss G. A. Bond, S.R.N., S.C.M., H.V. Cert. (Appointed 4.10.65). Miss B. A. Brazil, S.R.N., S.C.M., H.V. Cert. Miss Y. Caselli, S.R.N., R.F.N., S.C.M., H.V. Cert. Miss H. C. K. Chapman, S.R.N., S.C.M., (Pt.1), H.V. Cert. Mrs. K. Dunham, S.R.N., S.C.M., (Pt.1), H.V. Cert. Miss A. H. Edds, S.R.N., S.C.M., H.V. Cert. Miss P. P. Horne, S.R.N., S.C.M., (Pt.1), H.V. Cert.

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* Regional Hospital Board appointment.

School Nurses (Also Health Visitors) (cont.)	Miss H. M. Shewan, s.r.n., s.c.m., (Pt.1), H.V. Cert. Mrs. E. Stannard, s.r.n., s.c.m., H.V. Cert., Public Health Inspector's Cert. (Retired 3.4.65). Miss L. E. Wathen, s.r.n., s.c.m., H.V. Cert.
Temporary School Nurses (Part-time)	Mrs. K. A. Atkins, s.r.n. Mrs. D. M. Wakely, s.r.n.
Temporary Clinic Nurses .... (Part-time)	Mrs. M. A. MacNamara, s.r.n. Mrs. T. S. Tiller, s.r.n.
Audiometrician (Part-time)	Mrs. M. B. Chubb, s.e.n.
Dental Attendants	Mrs. C. Aplin (Resigned 28.1.65). Miss P. M. Bolt Miss D. G. Freeman Mrs. Y. Eastlick (Appointed 1.3.65). Miss M. J. Langworthy (Appointed 24.5.65).
Clerks	Mr. W. H. Stamp (Administrative Assistant). Mrs. C. J. Slack Miss L. M. Bond (Appointed 1.2.65). Miss L. Merrett Miss J. A. Larcombe (Appointed 10.5.65). Miss M. Underhay (Resigned 31.12.65). Miss M. A. Fenwick (Child Guidance Clinic). Miss R. A. Moore (Resigned 6.2.65). Mrs. J. M. Cann (Nee Bacon) (School Dental Service from 1.3.65—formerly dental attendant).

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1965)	82,370
Population (city) over 5 and under 15 years (Mid-Year 1965) (Registrar-General's estimate).	11,100
Population of Maintained Schools in January 1966	11,454
Number of Maintained Schools	35

Pupils			Schools	
Boys	Girls	Total	Departments	Number
25	20	45	Nursery	1
1,385	1,285	2,670	Infant	16
2,132	1,975	4,107	Junior	18
1,603	1,540	3,143	Secondary Modern	7
803	672	1,475	Secondary Grammar	2
9	5	14	Hospital Special School	1
5,957	5,497	11,454	Total	45

Those schools having both infants and juniors have been counted as having two departments.

The total number of children attending our schools (January 1966) shows a small increase—148—compared with the previous year. During the year Episcopal Boys' Secondary Modern School and Episcopal Girls' Secondary Modern School were combined as one school.

SCHOOL PREMISES

The following abstract (by courtesy of the City Architect, Mr. H. B. Rowe, F.R.I.B.A.) shows details of work carried out by his department which directly affects the environmental and hygiene conditions in the schools. It does not, of course, list all the work undertaken by the City Architect for the Education Committee.

(a) School Meals Service

Internal redecoration was carried out to accommodation used for school meal purposes in the following schools :

Bradley Rowe Schools, Ladysmith Schools, Whipton Infants' School, Summerway Junior Mixed, St. James' School, Stoke Hill Infants', Bishop Blackall Girls'.

Minor redecoration was carried out in ten other premises used for school meals, and thermoplastic floor tiles were laid in the servery in St. David's J.M. and I. School.

(b) Alterations

At the Bradley Rowe Infants' Schools electrical installation modernised. Cowick Street Infants' and John Stocker Junior Boys' Schools : cloakrooms—hot water supply installed.

At Exwick School and Newtown School improvements and extensions to heating systems.

(c) Internal decorations of a major character were carried out at the following schools :

Bradley Rowe Infants', Bradley Rowe Junior Girls', Montgomery Junior Girls' and Infants', St. Thomas Junior Mixed and Infants', Stoke Hill Infants', Summerway Junior Mixed, Whipton Barton Junior Mixed, Whipton Infants', Episcopal Secondary Modern Mixed, John Stocker Boys' Secondary Modern, Ladysmith Boys' Secondary Modern, The Priory Girls' Secondary Modern, Vincent Thompson Boys' Secondary Modern, Hele's School Annexe, College of Art.

(d) Minor redecoration

In addition to the internal redecoration work referred to above, minor work was carried out at twelve other schools or properties controlled by the Education Committee.

SCHOOL HYGIENE

As stated in previous reports, the medical officers with the head teachers make regular inspections of the schools in regard to the maintenance of general hygiene, viz. :—cleanliness, sanitary accommodation, washing facilities, ventilation, lighting and heating, suitability of school furniture and canteen arrangements. Significant findings are referred to the Director of Education, who has informed me that the following items have been dealt with or are *included* in the work to be carried out as soon as practicable.

Cowick Street Infants' School—improvement in the boys' lavatory accommodation. Hele's School—dining room and kitchen improvements. St. David's J.M. and I. School—redecoration in room where the children have their mid-day meal. St. James' Secondary Modern School—provision of hand rail to steep steps leading down from the playground. Whipton Infants' School—consideration of desks and chairs supplied for the children.

A joint report on accommodation for medical examinations in schools was submitted to the Special Services Sub-Committee (see Appendix I). The Committee decided to go more fully into the matter during 1966. Unfortunately only in a few schools is the medical accommodation really very satisfactory—in a few schools it is really totally inadequate, bad in fact. Building Bulletin 25 (on Secondary School Design) of the Department of Education and Science (H.M.S.O.) 1965 paras. 129-145, contains valuable suggestions ; I can quote para. 137 : " It is nevertheless considered essential that accommodation be allocated for medical use in the sense that this is its main and primary function, for which it is designed and equipped. When it is not needed for this purpose it will be available for others for which it is suitable, e.g. remedial teaching or other small group work. This is very different from designing a room for a deputy head or a secretary, for example, and allowing it to be used on occasions for a medical inspection."

MEDICAL EXAMINATIONS

In a total school population of 11,454 the periodic medical examinations (i.e. of entrants and 13 year olds) numbered 1,728 and " other medical examinations " 4,226. In only one child was the general physical condition considered " unsatisfactory ", a boy aged 5 years underweight showing poor muscle tone and colour with a history of bronchitis and heart disorder. Parents were present at 1,421 (82%) of the " periodic " examinations (see table below). They are usually invited to be present at re-examinations and special examinations, but their attendances at these are not recorded. 293 children (i.e. approx. 1 in 6 of those examined at the periodic examination) were found to require treatment for some defect other than dental disease or verminous conditions, which latter are very rare indeed.

Ear, Nose and Throat Conditions

Discharging ear was found in 3 children (2 boys ; 1 girl) out of 1,728 children examined at periodic medical examination (i.e. 1 in 576 of those examined) compared with 7 so found in 1964 (1 in 285) ; in addition, 2 were found in 882 special examinations and 2 more in 3,344 re-examinations. 3 of these children were already having treatment and 4 were referred for investigation and/or treatment.

29 children (21 from periodic and 8 from special examinations) were referred for treatment of other nose and throat " defects ", whilst a further 303 children were kept under observation for similar reasons.

General Condition of the Children

The general condition of the children continues to be satisfactory, 99% having been so classified (100% last year) : the same doctors were concerned in the examinations.

PARENTS' ATTENDANCES AT COMPLETE PERIODIC EXAMINATIONS

AGE GROUP	No. of children examined	No. of parents present	Percentage 1965	1964
5 year olds	1,012	989	98%	98%
13 year olds	716	432	60%	57%
TOTAL	1,728	1,421	82%	80%

HEIGHTS AND WEIGHTS

(Periodic Medical Examinations)

BOYS' HEIGHTS

London School Children (1959)*		Exeter Boys						
Age	Height in inches	Age	No. Examined in 1965	Average Height in Inches				
				1965	1964	1963	1962	1961
—	—	4 (4-5) years	25	37.5	38.0	38.4	39.2	39.3
5½ yrs.	43.75	5 (5-6) ,,	262	43.3	43.3	42.9	43.0	42.8
6½ ,,	46.25	6 (6-7) ,,	248	43.9	43.5	44.1	44.2	44.3
12½ ,,	59.0	12 (12-13) ,,	158	60.5	60.6	60.4	60.4	58.1
13½ ,,	61.25	13 (13-14) ,,	115	61.6	62.0	62.5	63.2	60.8
14½ ,,	64.25	14 (14-15) ,,	8	66.2	64.4	63.4	64.6	62.5

BOYS' WEIGHTS

London School Children (1959)*		Exeter Boys						
Age	Weight in pounds	Age	No. Examined in 1965	Average Weight in Pounds				
				1965	1964	1963	1962	1961
—	—	4 (4-5) years	25	34.3	34.2	36.4	37.5	38.5
5½ yrs.	44.0	5 (5-6) ,,	262	43.2	43.6	42.7	43.3	42.3
6½ ,,	49.0	6 (6-7) ,,	247	44.2	43.8	44.3	44.5	45.5
12½ ,,	92.0	12 (12-13) ,,	158	99.9	100.2	96.6	98.4	89.4
13½ ,,	103.5	13 (13-14) ,,	115	103.1	107.0	110.2	110.7	101.0
14½ ,,	116.75	14 (14-15) ,,	8	123.1	117.9	110.7	115.1	106.1

GIRLS' HEIGHTS

London School Children (1959)*		Exeter Girls						
Age	Height in inches	Age	No. Examined in 1965	Average Height in Inches				
				1965	1964	1963	1962	1961
—	—	4 (4-5) years	34	40.1	37.4	39.2	39.0	39.6
5½ yrs.	43.5	5 (5-6) ,,	206	43.0	43.1	42.7	42.4	42.4
6½ ,,	46.0	6 (6-7) ,,	236	43.4	42.7	42.7	43.6	43.3
12½ ,,	59.75	12 (12-13) ,,	162	61.6	61.0	61.2	61.0	58.0
13½ ,,	61.5	13 (13-14) ,,	217	61.10	62.2	61.8	62.2	60.8
14½ ,,	62.75	14 (14-15) ,,	47	62.4	62.5	62.2	62.1	62.5

GIRLS' WEIGHTS

London School Children (1959)*		Exeter Girls						
Age	Weight in pounds	Age	No. Examined in 1965	Average Weight in Pounds				
				1965	1964	1963	1962	1961
—	—	4 (4-5) years	34	38.2	33.8	38.4	35.1	37.6
5½ yrs.	42.75	5 (5-6) ,,	206	42.2	43.2	41.6	41.7	41.4
6½ ,,	48.5	6 (6-7) ,,	236	43.4	43.0	41.3	44.1	43.4
12½ ,,	96.75	12 (12-13) ,,	162	107.8	105.3	107.5	102.5	88.2
13½ ,,	108.0	13 (13-14) ,,	217	110.4	112.6	111.6	113.2	102.5
14½ ,,	114.75	14 (14-15) ,,	47	113.6	112.8	113.9	115.1	114.2

Procedure re Heights and Weights

Heights :	All children are measured in their stockinged feet.
Weights :	**Boys**—wearing shirt, underclothes, trousers and socks.
	Girls—wearing dress or blouse and skirt, underclothes and socks or stockings.

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* Report on the Heights and Weights of School Pupils in the County of London in 1959 (L.C.C., 1961) (normal underclothing, without shorts and jacket, etc.).

MEDICAL EXAMINATIONS 1965

Statistics

Total Number of Children Examined

During the year 1965, the number of medical examinations decreased by 468, due in the main to medical staff sickness :

Year :	1956	1961	1962	1963	1964	1965
Special Examinations	1,119	1,280	1,237	746	983	882
Re Examinations	1,812	2,317	2,196	2,586	3,441	3,344
	2,931	3,597	3,433	3,332	4,424	4,226
Periodic Medical Inspections	4,793	3,237	1,904	1,704	1,998	1,728
TOTAL	7,724	6,834	5,337	5,036	6,422	5,954

A re-examination is an inspection arising out of one of the periodic medical inspections or out of a special inspection. A special examination is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person. (Also included are employment examinations and inward transfers).

Number of Children Referred to Hospital

The rise in the number of children referred to hospitals has been maintained since the selective system started in mid 1959 :

	1957	1958	1959	1961	1962	1963	1964	1965
Ear, Nose and Throat cases	14	14	29	76	112	96	86	56
Other cases	17	18	73	62	52	53	73	87
TOTAL	31	32	102	138	164	149	159	143

Of the 87 " other cases " referred in 1965 to hospital consultants, 30 were for orthopaedic and 57 for other conditions.

Special Selective Examinations

(a) Complete medical examination	451—many of these are of children recently transferred into the City.
(b) Medical examination—not complete, i.e. not involving all systems	254.

(a) Special (Complete) Examinations

Out of the 451 children examined, 253 were found to have defects. Of these 253 children, 106 were seen at the request of the medical officers, 2 at the request of the parents and 1 at the request of head teachers.

Defects found.

Reference for Treatment of :

Skin	5	Orthopaedic, feet	1
Vision	46	Orthopaedic, other	1
Hearing	23	Nervous system, epilepsy	2
Ears, other	3	Psychological development	19
Nose or throat	1	Psychological stability	2
Speech	2	Abdomen	1
Lungs	3		
Developmental, other	1	Total	113
Orthopaedic, posture	3		

Kept Under Observation for :

Skin	8	Developmental, other	8
Vision	26	Orthopaedic, posture	4
Eyes, other	4	Orthopaedic, feet	1
Hearing	17	Orthopaedic, other	9
Ears, other	1	Nervous system, other	2
Nose or throat	30	Psychological development	3
Speech	1	Psychological stability	6
Lymphatic glands	1	Abdomen	2
Heart and circulation	6	Bladder control	5
Lungs	5	Weight	1
		Total	140

(b) **Special Examination,** i.e. involving perhaps, cardio-vascular system, or respiratory system, etc.

254 children were medically examined in school by special request of school doctors (111), of head teacher (82), of parents (61) ; of these 68 required no action.

The tables below set out the findings.

Defects found.

Referred for Treatment :

Skin	4	Orthopaedic, feet	2
Vision	14	Orthopaedic, other	2
Eyes, other	1	Nervous system, epilepsy	1
Hearing	30	Nervous system, other	2
Otitis	1	Psychological development	5
Ears, other	4	Psychological stability	4
Nose or throat	7	Abdomen	1
Speech	6	Bladder control	14
Heart and circulation	2	General condition	4
Lungs	3		
Developmental, other	1	Total	109
Orthopaedic, posture	1		

Kept Under Observation :

Skin	2	Orthopaedic, posture	1
Vision	8	Orthopaedic, feet	2
Eyes, other	2	Orthopaedic, other	1
Hearing	6	Nervous system, other	7
Nose or throat	14	Psychological development	2
Speech	2	Abdomen	3
Heart and circulation	1	Bladder control	8
Lungs	1	General condition	13
Developmental, other	4		
		Total	77

The selective method of examination in all schools was continued and developed by all doctors throughout the year. The procedure was described in some detail in my report for 1964. This year (1965) after consultation with the headmaster of Hele's, a large boys' maintained grammar school, it was decided to issue experimentally a questionnaire to the parents of the 13 year old boys, to be followed by medical examination where it seemed indicated, in place of the 13-year periodic medical examination. The former " periodic " examination was not carried out in this group. If the idea, currently under discussion nationally, that the school leavers' medical examinations should replace the routine initial medical examinations by Appointed Factory Doctors of new recruits to industry, the use of this questionnaire method in this age group may well have to be reconsidered.

It is now 5 years since we changed our method of medical examinations from periodic to selective, and we thought that it would be interesting to check on the possibility of any cases having been " missed " as a result of this change of medical procedure. During the year, therefore, with the co-operation of the head teachers which is much appreciated, a letter together with a medical questionnaire (see Appendix II), was sent to the parents of 447 children attending 4 schools whose children under the old periodic medical examination procedure would have been due for their 8 year old or 11 year old medical examination.

57 children (14%) were reported by the parents as having some defect of which we were not previously aware ; these children were all examined by the school medical officers, whose findings were :—required treatment (18), observation (24), no action (15). The following table sets out the details :

School	Age Group	Questionnaires : No. Sent	No. Returned	No. reported by parents to have defects	No. of these known to the Dept.	No. not known
(A) Junior Mixed	8 yr olds	57	54	22	18	4
(B) Junior Mixed	8 yr olds	126	115	37	20	17
(C) Boys' Sec. Modern	11 yr olds	129	111	37	16	21
(D) Girls' Sec. Modern	11 yr olds	135	124	39	24	15
TOTAL		447	404 (90)%	135	78	57 (14%)

THE DEFECTS OF THE 57 CHILDREN NOT KNOWN TO US AND THE RESULT OF THE DOCTORS' INVESTIGATIONS WERE AS FOLLOWS :

Recommended :

Defect Reported by Parent		Treatment				Observation				No Action			
		School A.	School B.	School C.	School D.	A.	B.	C.	D.	A.	B.	C.	D.
Earache/running ears	(9)	—	2	—	1	2	—	—	—	—	—	—	4
Hearing Loss	(10)	—	2	2	1	—	1	1	—	—	2	—	1
Enuresis	(11)	—	—	3	—	—	4	3	1	—	—	—	—
Epilepsy	(1)	—	—	—	—	—	1	—	—	—	—	—	—
Headaches	(1)	—	—	—	—	—	—	—	—	—	—	—	1
Throat Conditions	(2)	1	—	—	—	—	—	—	—	—	1	—	—
General Health	(12)	—	—	1	3	1	—	3	—	—	2	—	2
Pain in Back	(1)	—	1	—	—	—	—	—	—	—	—	—	—
Loss of Weight	(1)	—	—	—	—	—	1	—	—	—	—	—	—
Poor Sleep	(1)	—	—	—	—	—	—	—	—	—	—	1	—
Catarrh	(1)	—	—	1	—	—	—	—	—	—	—	—	—
Poor Speech	(1)	—	—	—	—	—	—	1	—	—	—	—	—
Foot/Leg trouble	(3)	—	—	—	—	—	—	3	—	—	—	—	—
Boils	(1)	—	—	—	—	—	—	1	—	—	—	—	—
Phimosis	(1)	—	—	—	—	—	—	1	—	—	—	—	—
Styes	(1)	—	—	—	—	—	—	—	—	—	—	—	1
TOTAL	(57)	1	5	7	5	3	7	13	1	—	5	1	9
		18				24				15			

This suggests the need for repeated enquiry about the health of the children. The Selective Method can only succeed if the parents themselves use initiative in seeking medical care. Repeated questionnaires may be one means of securing the comprehensive cover, but the clerical labour involved is very great, and it imposes a considerable burden on the schools.

(A) Hele's School—Medical Questionnaires

Report by Dr. C. H. J. Baker

There were 117 boys in the 13 year old group : medical questionnaires were addressed to the parent of all these, and thanks to the co-operation of the head master and his staff all were returned : They showed in 23 instances some medical condition causing anxiety to the parent. In 7 the child was already known to the department (viz. : asthma (3), ear conditions (2), defective vision (1), knee trouble (1)). Of the other 16, seven were boys who had comparatively recently moved into the city area.

Suspected Defect as reported by Parent (16 cases)		Referred for Investigation and Treatment	Requiring Observation	Considered Normal
Abdominal condition	(1)	—	—	1
Adenoids	(1)	—	—	1
Anxiety Problems	(4)	—	1	3
Bed-wetting	(1)	1	—	—
Black-outs	(1)	—	—	1
Earache/Running Ear	(3)	—	—	3
Headache	(1)	—	1	—
Hearing Loss	(1)	1	—	—
Nasal Condition	(1)	—	—	1
Nervous Condition	(2)	—	—	2
TOTAL	(16)	2	2	12

Of the two boys reported to require treatment—one with hearing loss was found on audiometric testing to have normal hearing and the one suffering from bed-wetting was treated successfully with an electric alarm.

(B) Selective Medical Examinations at Four of my Schools

(Report by Dr. C. H. J. Baker)

A junior mixed and infants' school will have, of necessity, a concentrated programme of medical attention to all infant entrants in the first year : viz. :

(a) In Exeter we carry out the entrant's examination in the second term, and this is a complete medical examination including vision testing. Audiometric sweep testing is also carried out in the second term, and so far as possible in advance of the first medical examination.

(b) I personally have explained the "selective system" individually to all mothers, but, this procedure has proved too time-consuming, and now (1966) the health visitors and school nurses are giving this explanation to parents before they see me.

(c) Special examinations may be necessary at any time, not very often in the first term, but much more frequently subsequent to the initial examination.

The merit of this close investigation of the child in the first year of school life during 1965 is shown in that, in the city's infant schools :

(a) 10% of the children were found to show a hearing loss of sufficient severity as to require further attention. (See p. 28.)

(b) 5% of the children were bed-wetting. (See p. 24.)

(c) 4% of the children had defective vision necessitating the wearing of spectacles and further 25% were placed under observation. (See p. 33.)

The following analysis of my working experience at 1 secondary modern, 2 junior and infant and 1 junior school during the year gives interesting results :

School (1) Boys' Secondary Modern School

No. on Roll	*Complete Examinations*		*Selective follow-up examinations (formerly called re-examinations)*		
477	No. of children examined	80	No. of children examined	163	
	No. of children with defects, recommended :		No. of children with defects, recommended :		
	Treatment	14	Treatment (incl. visual defect 19)	64	101
	Observation	21	Observation (incl. visual defect 7)	37	
	Total number of defects :				
	Treatment (incl. visual defect 9)	17			
	Observation (incl. visual defect 2)	30			

51% of the children on roll were medically examined.

School (2) Junior Mixed and Infants'

No. on Roll	*Complete Examinations*		*Selective follow-up examinations (formerly called re-examinations)*		
521	No. of children examined	97	No. of children examined	241	
	No. of children with defects, recommended :		No. of children with defects, recommended :		
	Treatment	11	Treatment (incl. visual defects 11)	92	170
	Observation	53	Observation (incl. visual defects 9)	78	
	Total number of defects:				
	Treatment (incl. visual defects 4)	21			
	Observation (incl. Nose and Throat conditions (39), Hearing loss (21), Otitis (21), Visual defect (3), Speech (8), Bladder control defect (9))	129			

66% of the school entrants given complete examinations were found to have defects and 70% of those examined by the selective follow up procedure were similarly found to require treatment or observation (including defective vision), but this latter high proportion is to be expected from the method of selection of the children for examination.

School (3) Junior Mixed and Infants'

No. on Roll	*Complete Examinations*		*Selective follow-up examinations (formerly called re-examinations)*		
274	No. of children examined	49	No. of children examined		141
	No. of children with defects, recommended :		No. of children with defects, recommended :		
	Treatment	6	Treatment	50	
	Observation	33	(incl. visual defect 11)		108
	Total number of defects :		Observation	58	
	Treatment	9	(incl. visual defect 21)		
	(incl. vision (4))				
	Observation	67			
	(incl. Vision (17), Hearing loss (9), Nose and Throat defect 21)				

79% of the children given complete examinations and 76% of those examined by the selective follow-up procedure were found to have defects (including defective vision) requiring treatment or observation.

School (4) Junior

No. on Roll	*Complete Examinations*		*Selective follow-up examinations (formerly called re-examinations)*		
272	No. of children examined	2	No. of children examined . ..		132
	No. of defects :		No. with defects :		
	Treatment	2	Treatment	58	
	Observation	2	(incl. visual defects (17))		100
			Observation	42	
			(incl. visual defects (10))		

76% of those examined by selective follow-up procedure were found to have defects (including defective vision) requiring treatment or observation.

Notes.

(a) In a total of 1,067 children on roll of the 3 primary schools, medical examinations numbered 662. These included 146 examinations of school entrants ; some children were examined more than once.

(b) The two J.M. and I. schools (schools (2), (3) above) have the school entry examination giving important information from which selective and follow-up examinations flow. In both schools the percentage of defects found in the children examined were similar, and approximately the same as among those examined in the J.M. school (school 4), which has no periodic medical examinations.

(c) In the B.S.M. school (school (1) above) the total defects found per child examined at the periodic medical examination were far fewer than in the J.M. and I. schools. .

Comments.

(i) All strong adherents of the periodic medical inspection system affirm continually, that selection does not cover the child population adequately, because there will be a considerable number of parents who will not bring or have their children examined, and it is *those very children who need examination.*

(ii) The periodic medical inspection adherents were making this same point in **1908,** when the School Health Service started. *In fact,* this is bound to be an outdated opinion, because of the higher standards of education and living in the country ; it is old fashioned and rigid thinking based on the *missed* case.

(iii) There will be a nucleus of such children missed in the selective system, but the far closer working of doctors in clinical prevention, in this method, in close co-operation with the general practitioner, will cause and has caused an increasing reduction in their number as to make a routine periodic medical inspection at 15 or 14 years unnecessary.

This view would be ' subscribed to ' by any general practitioner, and the obligation of making a 14 year old routine medical examination as a result of administrative requirements in relation to admission to factory work is in my view a retrograde step.

My points (i) and (ii) and the foregoing data of the report show that selective examinations, entailing " fluid case exigency follow-up " and *not* rigid periodic follow-up together with part-time employment examinations, adequately fill the gap created by the elimination of the 8, 11 and 14 year-olds' periodic medical inspections.

NOCTURNAL ENURESIS
(Bed Wetting)

New Cases 79 (all ages)

During the year 61 " new cases " of nocturnal enuresis (27 girls—34 boys) were noted by school doctors among 1,012 children examined at the periodic medical inspection at school entry ; 7 new cases, all boys, were found among the 716 children examined as 13 year olds. Additionally 3 new cases (1 girl—2 boys) were found among 3,344 of various ages re-examined, and 5 girls—3 boys among 882 of various ages having special examinations during the year.

NEW CASES

Frequency of Bedwetting	Every night	Two or Three times a week	Once a week	Occasional	Total
Girls	15	5	2	11	33
Boys	15	7	6	18	46

NEW CASES — FAMILY SIZE

Size of Family	No. of Families	Sex of children concerned	
		Girls	Boys
Only child	5	2	3
One of two children	21	8	13
One of three children	14	4	10
One of four children	15	7	8
One of five or more children	24	12	12
Total	79	33	46

Family History

In 24 children (11 girls—13 boys) there was a history of bed-wetting in near relatives.

Intelligence

None was regarded as obviously backward and detailed investigations were not carried out amongst them.

Maladjusted

None of the children was classified as maladjusted.

Other Defects

Four cases (boys) had speech defects ; 1 (boy) had epilepsy ; 1 (boy) had ear trouble ; 1 (girl) was lethargic ; 1 (girl) was making slow educational progress.

Specific Causes

Nine of the children (5 girls—4 boys) were described as highly strung and/or nervous ; in 1 (boy) it started on entry to school ; 1 (boy) was a deep sleeper ; in 1 (boy) it started on his return from hospital, and in another (girl) it started after the birth of her baby brother.

Treatment with the Electric Alarm during 1965

55 children (36 boys—19 girls) were loaned an alarm during the year ; 7 alarms were issued at the request of the family doctors. The results of the treatment were as follows :—

	Dry		Occasionally Wet		No Improvement	
Period Elapsed after return of alarm	after 1st course	after 1st relapse	after 1st course	after 1st relapse	after 1st course	after 1st relapse
Immediate condition on return of alarm	4	—	4	2	8	2
After 1 month	4	—	8	3	2	1
After 6 months	9	2	3	2	—	1
	17	2	15	7	10	4
Total	19 dry		22 occ. wet		14 no improvement	

Unsuccessful treatment (14 cases) : in 5, the alarm was issued for the 2nd time.

There was no apparent reason for failure in 5 cases. In 6 cases lack of co-operation by the parents was evident ; securing parental confidence and enthusiasm for the alarm procedure is essential. In 2 cases the children were too nervous to benefit from the treatment. 1 child had left the district.

Of these 14 children, in 1965, 2 were referred to the Child Guidance Clinic.

NOCTURNAL ENURESIS

Report by Dr. C. H. J. Baker

In view of the doubts expressed in previous annual reports regarding the merits of treatment of children in residential schools, homes, etc., by means of the electric alarm method, liaison has been made with special boarding schools, in particular for the educationally subnormal, in the continuing treatment of these cases.

The general practitioners attending these schools have been treating these cases medicinally, and the staff at times independently have been following the alarm procedure. As the former seldom practise the latter method, there has been little or no combined effort to overcome the condition, which is more prevalent in children of unstable temperament such as the mentally retarded. In this authority, alarms are not issued by a school medical officer either initially or following a relapse, without the prior agreement of the general practitioner.

Special schools, it is found, are persisting with either treatment often for many months without variation or success and doubtless establishing an undesirable tolerance in the meantime.

Experience of alarm treatment in Children's homes shows, that after three months, without clearance of the condition, the whole conduct of the case should be reviewed closely with the parents, or foster parents : invariably it is preferable to follow-up the condition in school on a case exigency basis before re-issue of an alarm.

In the annual report of 1964, it was quoted by way of conclusive findings, that treatment, when it does succeed, succeeds as a result of the first course. Success in almost every instance has been assisted greatly, if the parent has a sensible attitude to the condition, or the doctor has been able in follow-up consultation to achieve a more balanced outlook in the parent. In other words, confidence in the alarm procedure by the parent is communicated confidently to the child with beneficial results.

This point applies particularly to children in special boarding schools, when the school medical officer himself can relate the treatment undertaken to the home surroundings.

PARTIALLY HEARING CHILDREN

The statistical details about partially hearing Exeter children are set out below.

(a) School Children

	End 1965	End 1964
1. Attending Schools for the Deaf		
(a) Royal School for the Deaf, Exeter (includes 4 children under 5 years old)	21	18
(b) Summerfield House School for the Deaf, Worcestershire	1	1
(c) Mary Hare Grammar School for the Deaf, Berkshire	1	1
2. Wearing Hearing-Aids and attending ordinary Schools	44	38
3. Wearing Hearing-Aids and attending residential special schools because of handicaps other than deafness	2	2
4. Number of school children under observation with some degree of hearing loss	431	586

SWEEP TESTS

No. of 5 year olds given sweep test		916
No. of these children " who failed " sweep test		128

Further findings and action taken *re* the 128 children who failed sweep test :

Hearing within normal limits after full test	41		
Referred to E.N. & T.S.	11	Surgeon's findings etc. :	
		T's and A's operation	7
		Hearing Aid	1
		For examination	1
		No further action	2
Absent for full audiometric test	5		
Left Exeter	10		
Remaining under observation	61		

FULL AUDIOMETRIC TESTS

(a)	Children referred after sweep test	113
(b)	Children referred : wearing hearing aids	44
(c)	Children referred for re-tests and other reasons	881*
		1,038
(d)	Children referred but failed to attend or left Exeter	15
(e)	Total number of tests and re-tests in 1965	1,369

*(Of the 881 children in (c) above—450 were found to be within normal limits of hearing).

Wearing hearing aids :

	INFANTS	JUNIORS	SECONDARY	TOTAL
Boys	3	10	9	22
Girls	2	9	11	22
TOTAL	5	19	20	44

The 431 remaining under observation :

	INFANTS	JUNIORS	SECONDARY	TOTAL
Boys	107	102	48	259
Girls	66	77	31	174
TOTAL	173	179	79	431

All the audiograms are seen by the school doctors who refer all cases making unsatisfactory progress to Dr. Baker. Of the 431 children remaining under observation at the end of the year 56 had been referred to the Ear, Nose and Throat Consultants at the Royal Devon & Exeter Hospital, who advised :

Hearing Aids	4
Tonsil/Adenoid operation	30
Examination under anaesthetic	3
For further examination	9
No action	5
Not yet examined	5

After T's and A's operations, children are re-tested audiometrically about 2 months later.

(b) Pre-School Children

	1961	1962	1963	1964	1965
No. of children tested (0-4 years of age)	104	126	135	430	507
Tested as " At Risk " babies	68	74	92	228	284
Tested for other reasons	36	52	43	142	223
Number showing some deafness	18	17	19	125	92
Number of tests and re-tests performed	120	149	182	547	597

141 cases (including 73 from previous years) were kept under observation during the year, but only 12 cases were referred to the Hearing Assessment Clinic.

Of these 12, one was referred to the Neurologist, two to the Ear, Nose and Throat Surgeon *re* tonsils and adenoids, six to the Audiology Clinic, three to family doctors or our own medical officers.

Additionally, 9 children were referred to clinic medical officers, and 9 to family doctors.

(3) **Training and Education.** Owing to the departure of Mr. Williams, the teacher of the deaf, Miss Bastow, health visitor, has so far as practicable made home visits *re* pre-school and school children, and acted as a link between the Royal School for the Deaf nursery teachers and the parents of children attending the school. In addition, Dr. Baker, school medical officer, has been following-up these children and co-operating with the school.

Nonetheless, the work of parent guidance of very young deaf children, never adequate by any standards, has not been sustained.

There is a country-wide shortage of teachers of the deaf. One qualified teacher on the Authority's staff has been seconded to take a 18 months' course at the Royal School for the Deaf in Exeter during 1966.

Audiology Clinic

The adaptation of a former war-time cleansing centre by the Health Services Committee has been successfully completed, to make a most attractive and, I am sure, an invaluable unit for the diagnosis of hearing defects in both pre-school and school children. I am greatly indebted to Mr. T. L. Bradbeer (E.N.T. Consultant) and to Dr. C. H. J. Baker of my staff, who have advised in the planning stage and to Mr. Harold Rowe the City Architect for his skilful conversion.

Observations by Dr. C. H. J. Baker

Pre-School Children

(1) **Ascertainment.** During the year the " At Risk " register continued to be used in relation to the ascertainment of deafness in infants ; health visitors pay special attention to deafness possibilities in all young infants.

The upsurge of hearing assessment work in the last decade in this country has made the community more " hearing-conscious ", and mothers themselves are certainly much more alert to hearing defects in their very young children than formerly.

Once again the number of children under the age of 5 years tested by the health visitors during the year increased. This is the more important, as Mr. Williams, our peripatetic teacher of the deaf, left in August, 1965 for a higher appointment. Miss G. M. Bastow, Health Visitor, has been responsible for most of this work, as Miss Y. Caselli, her colleague health visitor, was deployed into other duties and was therefore not available for the follow-up of the majority of suspect cases.

Audiology Clinic

The combined Hearing Assessment Team consists of Mr. T. L. Bradbeer (Ear, Nose and Throat Consultant), Dr. F. S. W. Brimblecombe (Paediatric Consultant), Dr. C. H. J. Baker (School Medical Officer), Mr. R. E. Olding (Head Teacher of the School for the Deaf) whenever possible, Miss G. M. Bastow and Miss Y. Caselli (Health Visitors responsible for the testing). A Child Psychiatrist, Educational Psychologist, Speech Therapist, General Practitioner and others are invited as and when necessary to establish the differential diagnosis of cases. The conversion by the Health Services Committee of a war-time gas-decontamination centre conveniently sited behind the Alice Vlieland Infant Welfare Clinic, Bullmeadow Road, has been completed in 1966.

It is proving its worth in the accurate testing of the hearing of children of all ages. It is equipped with full facilities for free field audiometric testing and teaching instrumentation : a higher standard of sound proofing than was thought possible has been achieved ; the intercommunication system desirable in such a clinic is meeting every need.

School Children

Ascertainment. The departure of Mr. Williams has thrown much additional work on our audiometrician, Mrs. M. B. Chubb, S.E.N. She has endeavoured also to deal with the problems children find in wearing their hearing aids in school, referring cases to Dr. Baker when necessary.

Furthermore, the sweep testing of all school entrants commenced in January, 1965 and 916 tests were given during the year : 128 (14%) failed the test and were given a full audiometric test. One child was issued subsequently with a hearing aid.

Apart from her ordinary school visiting Mrs. Chubb visited 4 independent schools, as well as the School for the Partially Sighted and St. Loyes College.

Hearing Aids

At the end of 1965, 6 more children in ordinary schools were wearing hearing aids than in 1964 ; thus, for the third year running there has been an increase in these cases ; the majority of the deafness has been acquired, with conductive hearing loss.

It is worth mentioning the extent of the liaison we have between the two ear, nose and throat consultants, the general practitioners and the school doctors and health visitors, in the schools, which has developed and achieves this satisfactory " hearing cover " of Exeter's school population.

All children with unsatisfactory hearing progress are referred to me by the other school doctors. I then see the children with their parents, discuss their educational progress and make referrals to the consultants as necessary.

A copy of the school medical officer's findings and recommendations with the audiogram is sent to the family doctor concerned. Significant audiograms are also sent to them in the course of follow-up, whenever practicable. This procedure has worked well and general practitioners are increasingly taking advantage of the service by requests for hearing assessment.

Staffing of the Service

This report shows plainly the forward progress of the children's hearing service in Exeter. Mr. R. E. Olding, Headmaster of the Royal School for the Deaf, Exeter, has been most helpful with his willing advice and attendance at Audiology Clinic sessions in the absence of a teacher of the deaf.

Observations by Mrs. M. B. Chubb, Audiometrician

I have visited most of the infant and junior schools at least 3 times during each term ; the head teachers and their staff have been very accommodating and helpful in providing the best facilities available for testing, often under difficult and sometimes unsatisfactory testing conditions. I hope that when the Audiology Clinic is opened, it will be possible for hearing tests to be carried out there on all the children who wear hearing aids, or where bone conduction tests are necessary, and also those whose hearing loss is found in school to persist at more than 25 decibels.

In the absence of a peripatetic teacher of the deaf, I have endeavoured to keep a watchful eye on the 44 children with hearing aids attending ordinary schools, 14 of whom had the aids provided during 1965. I have given advice to those children who were experiencing difficulties in the use of their hearing aids : and where attention to the hearing aid itself was needed, I have referred them to Mr. Darche of the Hearing Aid Department, Royal Devon & Exeter Hospital. It is quite frequently very difficult to obtain the parents' and the child's full cooperation in wearing a hearing aid, and whilst some children wear them quite happily, there are others where constant vigilance is necessary. Of the children wearing hearing aids, 5 (2 boys and 3 girls) wear them only occasionally—the 2 boys and 1 of the girls were provided with hearing aids primarily for use only during the winter months but the other 2 girls just do not wear them regularly : 3, all girls attending secondary modern schools are not wearing them at all, although they should. These 3 girls will not " accept " that they should wear a hearing aid, and the parents are uncooperative.

An instance of the problems confronting everyone dealing with a partially hearing child can be illustrated by the following case. A boy in a junior school with a severe hearing loss in both ears, was issued with a hearing aid in 1965 ; his class teacher noticed a remarkable improvement in his behaviour, which had previously been mischevious and distracting; his school work also improved within the first fortnight of his wearing the aid, but since then, because the boy had either broken his hearing aid, left it at home or even mislaid it, this improvement was not maintained. I personally have taken the aid at least twice this term to the Hearing Aid Department at the Royal Devon & Exeter Hospital for repair. Undoubtedly, the basic problem here is the home environment, where the mother herself is severely deaf and her normal voice is " shouting ".

The successful use of a hearing aid by a child is almost entirely dependent upon the full understanding, co-operation, and encouragement on the part of the parents, and also sympathetic understanding at school, so that the child suffers the minimum of embarrassment.

VISION

The School Eye Service is provided by the West of England Eye Infirmary. During the year 740 children were referred by the school medical officers. 175 of them (74 boys ; 101 girls) were referred for the first time and spectacles were prescribed for 84 (37 boys ; 47 girls). The usual visual standard for reference is 6/12 in either eye, unaided. The age groups of the 175 children referred to the Eye Infirmary for the first time is set out below :

Year of birth	Number Referred	Prescribed Spectacles
1960/59	40	20
1958	18	8
1957	24	12
1956	13	6
1955	9	2
1954	12	8
1953	15	10
1952	9	5
1951	14	5
1950	18	8
1949	2	—
1948	1	—
Total	175	84

In addition to the 565 old cases referred by us, 43 school children attended without appointment. They all had glasses prescribed. Also during the year 142 (72 boys ; 70 girls) were noted for the first time as attending private opticians. The corresponding figure for 1964 was 131 and for 1963 was 161.

As mentioned in my 1964 report, a special session has now been allocated at the Eye Infirmary for the refraction of school children. (12.8.65). This session operates on the second and fourth Thursday in each month ; 12 old cases and 6 new cases are seen at each session. It is hoped that these sessions will be increased in 1966, to an afternoon session every week. At the moment, the " overflow " still attend the very busy morning clinics along with the general public.

A school nurse assists the hospital doctor at these special clinics, owing to staff shortage, and will continue giving her services in the coming year : this has proved valuable both to the hospital and the school health service.

VISION EXAMINATION OF 5 YEAR OLD CHILDREN

791 five-year-old children had their vision tested during the entrants' medical examination at 16 schools. 243 (129 boys ; 114 girls) were found to have defective vision ; of these, 17 already had spectacles and were having regular treatment at the Eye Infirmary, and 5 were being treated by private opticians. Of the remaining 221 children, 15 (10 boys ; 5 girls) were referred to the Eye Infirmary for further investigation. Spectacles were prescribed for 7 boys and 1 girl.

VISION EXAMINATION OF 13-YEAR-OLD CHILDREN

Of the 620 children who were tested during the periodic medical examination in their fourteenth year, 46 (17 boys ; 29 girls) already had spectacles. 5 (1 boy ; 4 girls) who had not previously been reported as having defective vision, were found to have vision 6/12 in either eye or worse and therefore were referred to the Eye Infirmary for further investigation. Spectacles were prescribed for 2 children ; 2 did not require them and 1 went to a private optician.

In addition to these two groups the school nurses tested the vision of 3,614 children in the following age groups :

Age	No. Examined	Normal*	For Observation	Referred to Eye Infirmary
7 year olds	967	841	102	24
10 ,, ,, ...	1,009	851	138	20
12 ,, ,, ...	914	743	150	21
14 ,, ,, ...	751	584	157	10
Total	3,641	3,019	547	75

* Not worse than 6/9 in either eye.

Result of the reference of the 75 children to the Eye Infirmary :

Age	Spectacles prescribed		Spectacles not prescribed		Total
	Boys	Girls	Boys	Girls	
7 year olds	10	5	5	4	24
10 ,, ,, ...	3	6	7	4	20
12 ,, ,, ...	1	4	3	9	17
14 ,, ,, ...	3	2	6	3	14
Total	17	17	21	20	75

SQUINT

Despite all our efforts to detect squint in infancy, when treatment is most effective, 6 new confirmed cases of squint (5 boys ; 1 girl) were found in children attending our schools, and were referred to the Eye Infirmary. 3 were aged 6 years and 3 aged 5 years.

COLOUR VISION

During 1965, the nurses, using Ishihara plates tested 631 boys, mainly 10 year olds in their last year at junior schools. 37 were considered to be defective and were called to the central school health clinic for retesting by Dr. G. P. McLauchlan, with Ishihara plates and testing with the Giles-Archer Lantern. 21 were found to be " unsafe ". The table below sets out the results of the tests. Of the 14 children remaining untested from 1964—10 were tested this year, of whom 6 were found to be " unsafe ". We have not examined the girls since 1958, as defective colour vision is so rare among them. No suspected cases of defective colour vision in girls have been referred from the schools.

COLOUR VISION

ISHIHARA TEST RESULTS (In 1965)	*Boys*
Number examined	631
Number found to have defective colour vision	37 (6%)
Inconsistent	2
Green Defective	19
Partially Green Defective	11
Red Defective	1
Partially Red Defective	—
Red-Green Defective	—
Did not attend	4
GILES-ARCHER LANTERN TEST RESULTS : SAFE 12 ; UNSAFE 21 ; NOT SEEN 4 ; TOTAL	37

SUMMARY OF COLOUR VISION—RESULTS OF TEST USING GILES-ARCHER LANTERN

	Tested by Ishihara Plates		Found Defective		Giles-Archer Lantern Test R.A.F. Standard				Total Tested				TOTAL
					Safe		Unsafe		Left School		Failed to Attend		
Year	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	
1955	806	455	54	2	22	—	32	2	—	—	—	—	56
1956	926	885	53	1	24	—	29	—	—	1	—	—	54
1957	714	433	38	2	22	1	15	1	1	—	—	—	40
1958	570	471	35	3	28	3	4	—	3	—	—	—	38
1959	783	—	40	—	24	—	13	—	3	—	—	—	40
1960	720	—	36	—	18	—	15	—	3	—	—	—	36
1961	686	—	54	—	27	—	25	—	2	—	—	—	54
1962	571	—	44	—	15	—	26	—	—	—	3	—	44
1963	603	—	56	—	30	—	25	—	—	—	1	—	56
1964	625	—	40	—	18	—	18	—	—	—	4	—	40
1965	631	—	37	—	12	—	21	—	—	—	4	—	37
TOTAL 1955-1965	7,635	2,244	487	8	240	4	223	3	12	1	12	—	495

Over the past 11 years 6.4% of the boys tested with the Ishihara plates were found to have defective colour vision ; of these, almost half (3.1% of all boys tested) were found to be " safe " by the Giles-Archer Lantern Test (Royal Air Force Standard) ; 2.9% were found unsafe ; .3% did not attend for the further test.

(Safe—means that there should be no mistake made in regard to the naming of the deeper shades or red and green. Lighter shades may be incorrectly named. Unsafe—means that red is described as green or vice versa, or red or green is described as black or no light.)

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILLITIS

169 children (92 boys ; 77 girls) in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1965, i.e. 1.5% of the school population.

TONSIL AND/OR ADENOID OPERATIONS, 1965

Age at Operation	*Boys*	*Girls*	1965 *Total*	1964 *Total*
Under 6 years	16	8	24	9
6 years	21	14	35	23
7 ,, ...	20	17	37	37
8 ,, ...	11	10	21	13
9 ,, ...	13	10	23	9
10 ,, ...	7	7	14	8
11 ,, ...	1	3	4	12
12 ,, ...	2	3	5	7
13 ,, ...	1	4	5	3
14 ,, ...	—	1	1	9
15 ,, ...	—	—	—	6
TOTAL	92	77	169	136

REPORT OF THE PRINCIPAL DENTAL OFFICER
YEAR ENDING 31st DECEMBER, 1965

(Report by Alvin Pryor, L.D.S., R.C.S. (ENG.))

The City's School Dental Service continued to show progress throughout the year, despite some setbacks due to staffing problems.

The dental staff, at the end of the year, was up to its establishment, but it has been a year of considerable turnover of staff. All difficulties, however, have been successfully overcome.

Mr. M. Radford, dental officer at the St. Thomas Clinic, retired at the end of January. Mr. T. N. Praat, L.D.S., was appointed in his place, taking up duty on 1st April. Mr. E. G. Reader, dental officer, resigned on 31st July, to take up a hospital orthodontic appointment. Mrs. G. A. Rampton, L.D.S., was appointed to replace him, but was unable to commence duty until 2nd December. We were thus the equivalent of one dental officer short for six months of this year.

As I mentioned in my last annual report, it is not easy to recruit dental officers, despite the security, the good operating conditions, the holidays with pay. Equally, the west country appears to have little appeal to young dentists and, as last year, staff changes involved us in lengthy waits before suitable replacements could be found. On the clerical side, Mrs. C. Aplin resigned as dental surgery assistant, on 28th February, in order to emigrate. Mrs. Y. Eastlick replaced her on 3rd March at the Whipton Clinic. Miss R. M. Moore resigned as dental clerk on 6th February, Mrs. J. M. Cann, dental surgery assistant, replacing her. This left a vacancy which was filled by Miss M. J. Langworthy at the end of May.

Our consultant anaesthetist, Dr. N. G. P. Butler, continued to attend weekly throughout the year for dental anaesthetic sessions. Dr. Butler uses the well-proven 20% oxygen-80% nitrous oxide method of general anaesthesia, as mentioned in my previous reports, which he helped to pioneer in this country. The contribution to safety and absence of unpleasant " after effects " of this method is very considerable.

Mr. R. B. Mycock, dental officer, had regular weekly dental anaesthetic sessions throughout the year, dealing with the Whipton and St. Thomas Clinics. The other dental officers and I give general anaesthetics as required. We have also arranged a " panel " of four general medical practitioners upon whom we can call for emergency anaesthetics for expectant and nursing mothers, pre-school children, or any school child who presents some extra hazard to anaesthesia. We have thus a complete coverage for the relief of pain, no patient having to wait for long until a general anaesthetic can be arranged. We feel that we have, in this, an advantage over the general dental practitioner, who so often works alone. Quite frequently we deal with children in pain who have already been taken to private dentists unable to attend to them for some time. Some of these dentists, in fact, refer such cases to our clinics.

The equipment at the St. Thomas Clinic was modernised in many ways during the year.

Mr. Maurice Burley, consultant orthodontist, continued to attend throughout the year, as required. Mr. Burley's advice has been greatly valued by the dental officers, who refer to him their more difficult and complicated cases.

The evening course for dental surgery assistants (leading to the Certificate Examination of their Association) was completed at the Exeter Technical College in June, the first time the course has been organised in Exeter. I am glad to report that two of my dental surgery assistants, Miss P. Bolt and Mrs. Y. Eastlick, took the course and passed the Examination. I was pleased to assist in the organisation of the course, and am continuing to do so in the current course.

The maintained schools in the city received dental inspections during the year. As always at this point, I would wish to express my cordial thanks to the head teachers and their staffs for their considerable helpfulness during the year. A large proportion of the children received two or even three dental " check-ups " during the year. We like to see children every four months if possible. These additional inspections took place at the clinics, on a " recall " system, to avoid troubling the schools unnecessarily.

Parents whose children attend private schools, some not even in Exeter, have requested treatment for them at the school dental clinics from time to time. This is only a " trickle " so far, but it has been sanctioned officially, children from maintained schools having, of course, priority. The concession has been greatly appreciated. It avoids, for example, the case where a child from a city school, used to attending the school dental clinic, has to go away to boarding school. Continuity of treatment can be maintained by visits to us during school holidays.

The dental condition of the city's school children is, on the whole, very good, I consider. It could be a lot better, of course ; In spite of the ever-increasing consumption of sweets and other refined carbohydrates, the effect of the work done by our school dental service and the large number of dentists in Exeter, is obvious. As I said in my last Report, we seem to be about holding our own in the battle. Fluoridation of the domestic water supplies would have been a most wonderful help to the children, and to us. Unfortunately, however, fluoridation of Exeter's water supply has been rejected by the City Council. This despite the official assurances from past and present Ministers of Health of the great benefits, and utter safety, of fluoridation. Despite too, the assurance by the Government of indemnity for legal actions brought against the Authority, and the considered opinions of all recognised medical and dental organisations throughout the world, including the World Health Organisation. Perhaps we had expected too much ?

Earlier this year, we had the gratification of receiving the written report on the findings of Dr. A. T. Wynne, dental officer, Department of Education and Science. Dr. Wynne, who paid a visit of inspection, lasting 1½ days, of all our clinics, spoke very highly of the School Dental Service in Exeter.

Finally, may I say a sincere "Thank You" to my dental officers and staff. They have worked well during the year, and have been most helpful to me in every way.

Dental Inspections

The number of children inspected in school was 9,841. Of the 583 inspected at the clinic, 507 were emergency cases. Those recalled for "check-up" and mentioned earlier numbered 290, of whom 171 were found to require treatment. Also (not included in table) 36 children were examined in the Ellen Tinkham House Training Centre, 18 were found to require treatment.

Treatment

The number of teeth filled in 1965 was 3,489 ; 680 children had their teeth scaled ; 2,977 teeth were treated with Ag.No3 and 222 were X-rayed.

Orthodontia

Children considered suitable receive this treatment. 56 new cases were commenced during the year. At the beginning of the year 283 cases were being treated, and 49 were completed or discontinued during the year, leaving 290 still under treatment at the end of 1965.

	Attendances		
Dental Clinics	1963	1964	1965
Central Clinic, 1a Southernhay West	4,396	4,137	3,874
Whipton Health Clinic	2,399	2,387	2,142
St. Thomas Clinic	2,902	2,501	2,377
TOTALS	9,697	9,025	8,393

Age Distribution of Children Inspected and Referred.

Age in years.	Udr. 5	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
No. inspected in schools ..	60	556	968	1068	1042	916	922	1038	797	710	686	544	266	148	70	20	9,841
No. referred for treatm't	29	325	587	672	679	607	548	547	444	366	360	243	105	48	21	8	5,589

CLEANLINESS

The number of head cleanliness inspections during the year was 12,816 (12,299 in 1964). 82 children (14 boys ; 68 girls) were found unclean compared with 92 in 1964 and 89 in 1963. The overall rate for 1965 was 0.72% (0.23% among the boys and 1.2% among the girls) compared with an overall rate of 0.81% in 1964 and 0.79% in 1963.

I am pleased to report this slight improvement in the number of children found with unclean heads.

TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS FOUND IN 1965, BY AGE GROUPS.

Age (at 31.12.65)	Heads Found Unclean					
	Table A.				Table B. No. of Children in Table A. also found Unclean in 1964	
	Once Only		More than Once			
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
Under 5 years	—	—	—	—	—	—
Aged 5 ,, ...	1	4	—	—	—	—
,, 6 ,, ...	2	4	—	3	—	1
,, 7 ,, ...	2	9	—	3	—	3
,, 8 ,, ...	3	4	—	—	—	—
,, 9 ,, ...	1	9	—	3	—	3
,, 10 ,, ...	2	5	2	—	2	1
,, 11 ,, ...	—	6	—	1	—	2
,, 12 ,, ...	1	6	—	2	—	5
,, 13 ,, ...	—	1	—	2	—	1
,, 14 ,, ...	—	2	—	1	—	1
Over 14 ,, ...	—	2	—	1	—	1
Total	12	52	2	16	2	18

TOTAL IN 1965 : 82 = 0.72% of school children.

SCHOOL CLINICS

The location of the school clinics and the attendances were as follows :—

	Minor Ailments—Attendances 1963	1964	1965
Central Clinic, 1a Southernhay West	415	452	387
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	2,825	2,414	2,406
Totals	3,240	2,866	2,793

TABLE SHOWING THE INCIDENCE OF " MINOR AILMENTS " TREATED DURING 1965 IN CLINICS.

DEFECT	*Central Clinic	Eastern Clinic	GRAND TOTAL 1965	GRAND TOTAL 1964
Scabies	—	2	2	6
Ringworm : Scalp	—	—	—	—
Body	—	3	3	2
Eye Defects (not visual)	6	71	77	107
Ear Defects—(including wax, otorrhoea, etc.)	26	66	92	100
Nose and Throat Defects	6	36	42	41
Impetigo	17	12	29	20
Warts : Plantar	32	22	54	40
Other	16	22	38	47
Other skin conditions	22	56	78	112
Minor Injuries	28	142	170	222
Miscellaneous	12	232	244	223
Total No. of individual children	165	664	829	920
Total No. of attendances	387	2,406	2,793	2,886
Total No. of sessions	250	206	456	456

* At this clinic many cases are seen as consultation cases, not included here.

When a child has been treated at the one time for more than one defect the more important has been listed.

In addition, school children are seen by the doctor at the Countess Wear Welfare Clinic after school hours on Thursdays, as and when necessary. During the year, 54 children made 66 attendances at the clinic.

TABLE SHEWING THE NUMBER OF HANDICAPPED PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT 20th JANUARY 1966

DISABILITY	Total No. of children classified as handicapped as at 20-1-66	SPECIAL SCHOOL OR HOME	RESD.		NON RESD.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	2	Royal Normal School for the Blind, Shrewsbury	1	—	—	—	2	—
		Worcester College for the Blind, Worcester	1	—	—	—		
PARTIALLY SIGHTED	3	West of England School for the Partially Sighted, Exeter	—	—	2	1	3	—
PARTIALLY HEARING	70	Mary Hare Gram. School, Berks.	—	1	—	—	23	—
		Summerfield Hse. Sch., Malvern	1	—	—	—		
		Royal West of England School for the Deaf, Exeter	—	2	10	9		
PHYSICALLY HANDICAPPED	27	Dame Hannah Rogers Sch. for Spastics, Ivybridge	3	—	—	—	8	2
		Bruce Porter Hse. School, Kent	—	1	—	—		
		Heathercombe Brake School, Manaton	1	—	—	—		
		Ingfield Manor School, Sussex	3	—	—	—		
EPILEPTIC	54		—	—	—	—	—	—
EDUCATIONALLY SUBNORMAL	81	St. Christopher's School, Bristol	—	1	—	—	35	37*
		Withycombe Hse. Special Sch., Exmouth, Devon	—	12	—	—		
		Kingsdon Manor School, Nr. Bristol	2	—	—	—		
		Pitt House, Chudleigh	6	—	—	—		
		Pitt House, Torquay	10	—	—	—		
		Clyffe Hse., Dorchester	1	—	—	—		
		Maristow Hse., Plymouth	1	1	—	—		
		Heathlands Rise, Teignmouth	—	1	—	—		
DELICATE	31	Heathlands Rise, Teignmouth	—	2	—	—	9	—
		Heathercombe Brake Sch., Manaton, Devon	6	—	—	—		
		Meath School, Surrey	1	—	—	—		
MALADJUSTED	103	Crichel Hostel, Totnes ...	1	—	—	—	12	1
		Stella Maris Convent School, Newton Abbot	—	1	—	—		
		Walton Elm, Dorset	1	—	—	—		
		Knowles Hill Sch., Newton Abbot	—	1	—	—		
		Royal Alexandra and Albert School, Surrey	—	1	—	—		
		The Gables Hostel, Willand, Devon	1	2	—	—		
		St. Peter's, Norbury, Yorks.	—	1	—	—		
		Heathercombe Brake School, Manaton	1	—	—	—		
		Wynstones, Gloucester....	1	—	—	—		
		Farnley Close, Sussex	—	1	—	—		
DEFECTIVE SPEECH	189		—	—	—	—	—	—
TOTAL	560		42	28	12	10	92	40

* 34 of these children recommended admission to a Day Special School.

HANDICAPPED PUPILS

Grouping by Intelligence Quotients of the 81 Children classified as Educationally Sub-normal as at 20.1.66

	Boys					Girls				
I.Q.	Under 50	51-60	61-70	71-80	Total	Under 50	51-60	61-70	71-80	Total
Attend Residential Special Schools	1	2	12	5	20	—	6	5	4	15
Recommended Day Special Schools but Attend Ordinary Schools	—	3	6	4	13	2	4	9	6	21
Attend Ordinary Schools....	—	—	3	2	5	—	—	3	1	4
Awaiting admission to Residential School	—	—	1	1	2	—	—	1	—	1
Total	1	5	22	12	40	2	10	18	11	41

EDUCATIONALLY SUB-NORMAL PUPILS

During the year 36 children (16 boys, 20 girls) were examined by the school medical officers in regard to educational subnormality and mental development. The following recommendations were made :

Recommendation	Boys			Girls			Total	Remarks
	Infs.	Jnr.	Snr.	Infs.	Jnr.	Snr.		
Section 34 :								
Special education in an ordinary school.	—	—	—	—	—	—	—	
Day special school	1	5	1	1	3	1	12	
Education in a special residential school.	—	1	2	1	4	1	9	3 awaiting placement in residential special schools.
Section 57 (3) :								
Permanently excluded from school.	1	—	—	—	1	—	2	All attend the Junior Training Centre.
Section 57 (5) :								
Reported to Health Services Committee for Care and Guidance on Leaving School.	—	—	3	—	—	6	9	
Not considered to require Care and Guidance on leaving school.	—	—	2	—	—	2	4	
	2	6	8	2	8	10	36	
		16			20			

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION — MINISTRY OF EDUCATION CIRCULAR 249

67 students (30 men and 37 women) and 7 teachers (6 men and 1 woman) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession. All reports were satisfactory.

Further Education

Exeter Technical College students attending full-time courses on domestic science, nursing, hairdressing, institution management and building are medically examined by the school doctors as soon as possible after entry to the college. 33 were examined in 1965. All reports were satisfactory.

Tuition in Hospitals

The Local Education Authority continue to provide educational facilities in the two main general hospitals in the city. During the year 107 children received education whilst in-patients at these hospitals (including 31 from Exeter, 72 from Devon County and 4 from other areas). 4 Exeter and 5 Devon County children were receiving education in hospital on or about 28th January, 1966. The Home Teacher, Mrs. E. B. Bartlett, reports that :

" Almost all of the children at the Royal Devon & Exeter Hospital were patients in Bowring Ward (i.e. children's), but occasionally children from the West of England Eye Infirmary come to join the class and a few older boys, placed in the adult fracture ward, require supervision of work supplied by their own schools.

Once again the co-operation of head teachers and ward sisters has been of great assistance in the case of long-stay patients and any problems arising in 1965 were amicably settled in friendly discussion with the hospital staff."

Additionally, there are hospital special schools in the Princess Elizabeth Orthopaedic Hospital and in the Angela Home staffed by the Devonian Orthopaedic Association (6 Exeter children attending as at 20.1.66) and also in Honeylands Children's Hospital staffed by this authority (11 Exeter children attending as at 20.1.66).

Home Tuition. Education Act 1944—Section 56

During the year, 11 new cases (rheumatism (5), osteomyelitis (1), psychosis (1), skin infection (1), debility (1), urinary infection

(1), poliomyelitis sequelae (1) and 8 cases continuing from 1964, viz. : spastic (2), spina bifida (1), rheumatism (1), ulcerative colitis (1), congenital heart lesion (1), epilepsy (1), fracture (1), received home tuition arranged by the authority. 4 were still having home tuition at the year end. The others had resumed normal schooling.

Transport

Transport to and from school was provided during the year for 38 new cases, viz. : fractures (8), partial deafness (4), knee/foot trouble (9), poliomyelitis sequelae (6), others (11) ; in addition 12 children " carried over " from 1964 continued to have transport provided during 1965 ; 15 children still had it at the year end.

EPILEPTIC SCHOOL CHILDREN

We have 54 children classified as suffering from epilepsy, 2 less than in the year before. 52 children (28 boys and 24 girls) attend ordinary schools in the city ; 2 known epileptic children attend residential special schools on account of other defects.

Ten new cases (5 boys and 5 girls) were reported during the year.

Epileptic School Children, 1965

Sex	Total	AGE				EPILEPSY			Have had Hospital Investigation
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major	
Boys	29	2	10	17	—	9	19	1	29
Girls	25	5	13	7	—	9	15	1	25

All but one (girl) who has an I.Q. of 68, are regarded as of normal intelligence.

Two children (boy aged 15 years ; girl aged 13 years) have severe epilepsy and were recommended admission to an epileptic colony, but the parents of both children refused. The boy who was attending a grammar school had a period of home tuition but later attended a boys' secondary modern school (mornings only) ; it is expected he will eventually be able to attend full time. The girl has special transport to and from school. The co-operation and sympathetic understanding of the head teachers and their staff concerned with these two children is greatly appreciated.

PHYSICALLY HANDICAPPED CHILDREN

At the end of the year, there were 29 children classified as physically handicapped, 2 more than in 1964. 2 new cases (boys) 1 a spastic with hydrocephalus and the other with right hemiplegia.

HANDICAP	SEX		AGE GROUP				EDUCATION				Able to take P.T. and Games		
	Boys	Girls	Under School Age	Infs.	Jnrs.	Snrs.	Not at School	In Res. Special School	In Ordinary School	Home Tuition	Nil	Mod.	Full
1. Cerebral Palsy	8	—	—	1	1	6	—	6	2	—	4	4	—
2. Heart : Congenital	1	3	—	2	—	2	—	—	4	—	3	1	—
3. Poliomyelitis ..	4	1	—	1	1	3	—	—	5	—	3	2	—
4. Other Congenital Defects	7	5	—	—	5	7	—	7	4	1	8	3	1
5. Miscellaneous	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	20	9	—	4	7	18	—	13	15	1	18	10	1

Providing appropriate educational care for children successfully operated upon for congenital meningo—myelocele (spinal defect involving the spinal cord) but with persisting residual handicaps, is going to cause many new problems now, because formerly these children nearly all died in early infancy.

CHILD GUIDANCE CLINIC REPORT FOR 1965

(Report by Dr. H. S. Gaussen, Medical Director)

The number of new cases referred to the clinic during 1965 was the greatest in any year so far—namely 130 against 104 in 1964. The increase can be attributed to a number of factors operating concurrently, including the extra psychiatric sessions undertaken by Dr. C. Wardle. We have had the services of Mr. David Thomas, B.A., as educational psychologist in our schools for most of the year, and this has meant that teachers have been able to approach him with their problems and he has been able to refer suitable cases for investigation and treatment at the clinic. Among these cases have been some very interesting ones of failure to make satisfactory progress in school, despite average or superior intelligence. Either the background, the history or the nature of such children may provide the clue to their relative failure. Sometimes a very able child may go to school from a " problem family ", or sometimes from a broken home. The background circumstances may be such that radical steps have to be taken to ensure that the child can give his energies to learning. In other cases the child has been through illnesses, bereavements, or so many changes that he has been too emotionally disturbed to learn. Such children may be very depressed, withdrawn and apathetic and need very special consideration. In a last group it would seem that there is a congenital blockage of the ability to learn. The difficulty may be in the child himself rather than in the home or school. Such difficulties may stem from incipient mental illness or from minimal brain damage at birth.

It seems to us, too, that we are becoming more widely known and that part of the increase in the number of referrals is due to the public's awareness of the help that they and their children can get. We were sought out by a distracted parent, for instance, who was unable to control a child. Such people need immediate response. Parents may become aware of child guidance through television or popular journals and be loth to consult own doctors and expose their child's, and their own, short-comings. Not all such cases result in long-term treatment—many need help from other social agencies or direct advice from someone who can listen and understand.

Finally, the increase in work is in part due to cases of greater severity being referred. It might be thought that, on the inception of a service, such as child guidance, the most severe cases would be referred first—but this is not so. Very grossly disturbed families and children are coming to light after all these years. Misconceptions have to be removed slowly, and we have to earn the trust of the public.

CHILD GUIDANCE CENTRE—
STATISTICAL RETURN FOR 1965

TABLE A

1.	Number of cases on the books on 31st December, 1964			101
2.	Number of cases awaiting investigation on 31st December, 1964			15
3.	Number of cases investigated but awaiting treatment on 31st December, 1964			25
4.	Number of new cases referred during 1965			130
	Source of Reference :			
	(a) Juvenile Court		—	
	(b) Probation Officers		1	
	(c) School Medical Officers		34	
	(d) Other Doctors		32	
	(e) Head Teachers		17	
	(f) Parents		16	
	(g) Others		30	
5.	Number of old cases re-opened during 1965			5
6.	Number of cases investigated during 1965			121
7.	Number of cases treated for the first time during 1965			84
8.	Total number of individual children seen during 1965			216
9.	Total number of attendances during 1965			1,029
10.	Total number of cases discharged during the year			133
	Reason for Discharge :			
	(a) Treatment completed (see below)		64	
	Symptom free	13		
	Much Improved	30		
	Satisfactory	3		
	Improved	15		
	No change	3		
	(b) Diagnosis with advice only		30	
	(c) Unsuitable for treatment		15	
	(d) Defaulted		2	
	(e) Left city		4	
	(f) Other reasons		18†	
11.	Number of cases remaining on the books on 31/12/65			103
12.	Number of new cases awaiting investigation on 31/12/65			6
13.	Number of new cases investigated but awaiting treatment on 31/12/65			17

N.B.—†18 cases included in 10 above were closed whilst awaiting or before investigation was completed.

THE SCHOOL PSYCHOLOGICAL SERVICE

(Report by David J. Thomas, B.A., DIP.ED.PSYCH.,
Educational Psychologist)

The school psychological service is staffed by an educational psychologist and there is provision in estimates for a further psychologist (half-time). The contact between this service and the school health service is close, particularly in the work of the child guidance clinic where the educational psychologist carries out the mental testing and educational assessment of clinic cases. This joint function of the educational psychologist was recommended by the Ministries of Education and Health in 1961, following on the Underwood report on Maladjusted Children. It enables close co-operation between the schools and the clinic in terms of referral and treatment.

Co-operation has also been fostered between the school health service and the work of the educational psychologist in the schools in several ways. These are briefly enumerated below :

(1) Many referrals for assessment come from the school doctors. The most frequent is the child who is failing to learn in school.

(2) Assessment of hard-of-hearing cases.

(3) Reassessment of children who fall in the border zone category of unsuitable for education.

(4) Regular monthly visits to the Ellen Tinkham Training Centre to assess children referred by staff and S.M.O's and to discuss with the staff educational methods of helping the children.

(5) Meetings with S.M.O's and head teachers concerned to discuss the children who are to have remedial help in the adjustment classes.

There are now three adjustment teachers, each serving two schools. Five of these are primary schools and the other a boys' secondary modern. The use of standardised reading tests emphasises the valuable help given to these children by the adjustment teachers.

It is hoped that an experiment in one group may give some information on the usefulness of the Initial Teaching Medium as a remedial technique for junior children of below average intelligence.

SPEECH THERAPY REPORT

The new Audiology Clinic which is to be opened after Easter, 1966 will be of great service to those children whose speech has been affected by a hearing loss ; it is intended to have one speech therapy session weekly at this centre. A second part-time speech therapist was appointed for four sessions per week, as well as one session at the Junior Training Centre. We now have the equivalent of 2 whole-time therapists.

STATISTICS

Analysis of the cases treated during the year

DEFECT	Having treatment 1.1.65	Admitted during 1965	Total No. Treated	DISCHARGED		STILL ON LIST				Remaining 31-12-65
				Cured	Other	Under observation	Regular Attendance	Improved	No change	
Stammering	26	17	43	2	2	14	25	35	4	39
Simple Dyslalia	20	10	30	14	4	3	9	11	1	12
Multiple Dyslalia....	56	25	81	14	6	17	44	56	5	61
General Dyslalia	27	8	35	10	3	6	16	21	1	22
Language Defects	4	2	6	1	1	—	4	4	—	4
Dysarthria	10	13	23	4	—	4	15	18	1	19
Cleft Palate	7	—	7	—	—	4	3	7	—	7
Hyper-rhinophonia	—	—	—	—	—	—	—	—	—	—
Alalia	5	3	8	1	1	3	3	6	1	6
Sigmatism	16	14	30	9	2	7	12	15	4	19
TOTALS	171	92	263	55	19	58	131	173	16	189

In Dyslalia the child cannot produce the correct sound and therefore substitutes one sound for another; in Dysarthria there is difficulty in articulation ; in Hyper-rhinophonia the speech is excessively nasal ; Alalia is the complete lack of intelligible speech ; Sigmatism is lisping.

DEFECT	Remaining on 31.12.65	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		JUNIOR TRAINING CENTRE	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	39	1	—	8	1	10	4	15	—	—	—
Simple Dyslalia	12	3	—	1	2	2	3	—	1	—	—
Multiple Dvslalia....	61	4	1	22	9	13	6	1	1	2	2
General Dyslalia	22	—	—	9	2	5	4	1	—	1	—
Language Defects	4	—	—	1	—	—	1	—	—	—	2
Dysarthria	19	3	3	6	1	3	2	—	—	1	—
Cleft Palate ..	7	1	—	2	1	1	—	1	1	—	—
Hyper-rhinophonia	—	—	—	—	—	—	—	—	—	—	—
Alalia	6	3	1	—	1	—	—	—	—	—	1
Sigmatism	19	2	2	2	2	4	3	1	2	—	—
TOTALS	189	17	7	51	19	39	23	19	5	4	5

Observations by Miss I. W. Hastings, L.C.S.T.

A number of young pre-school children have been referred, who have failed to develop speech. The parents are very much involved in the treatment for their children and need all the help available : the speech therapist must help the parents to help the child, and this must continue throughout treatment, which is always lengthy. The parents of families who have several of their children, one after another, referred for treatment for defective speech, also need help and advice which needs to be followed up periodically. Most of these families respond and the children benefit from help at home as well as in the clinic. Co-operation in the home is essential, not only to assist the child's speech but to help to build up the child's self reliance, with praise and encouragement at home as well as in the clinic.

Stammering

The same need of self reliance must also be met in the case of any stammering child, during the whole period of treatment. There are as many causes for stammering as there are stammerers. More boys than girls stammer. It is essential that treatment and advice to parents of stammering children should be given as early as possible.

A stammer which starts at a very early age, at perhaps two years of age, may be a normal developmental phase. The vocabulary, at that age, is not yet large enough to enable these children to explain to or tell those around them, about the wonderful discoveries they have made in the world which is opening to them and enlarging day by day. Several attempts are made, and perhaps a word or a syllable is repeated while they are searching in their limited vocabulary for the words to explain what they have seen or want.

If a child receives no help, encouragement or understanding at this stage, this normal developmental " cluttering " may be prolonged and the repetitive element in the speech may develop into a stammer. Advice to parents at this stage is usually sufficient to prevent habit forming. Young children do not " grow out " of stammering. A very few may seem to do so, but these few may be in the group mentioned above, who have naturally enlarged their vocabulary and thus overcome the difficulties of expression ; others amongst the few may have been able to " adjust " upon the alleviation of the cause of the stammer, such as cessation of teasing, a lessening of pressure at home or at school, or the alleviation of some emotional stress. Some cases which appear to have been cured without treatment are merely masked, by substituting words which come more easily, so that the stammer only appears when the patient is " caught out " and may be forced to use the avoided words. Many patients, amongst them the older school child, admit to this masking of their difficulty. It can let them down when they least want it to, and when they are " off guard ". A stammerer is never quite sure of himself, there is always the doubt in his mind as to whether the words are going to flow fluently or not, and, this doubt gives use to a subjective attitude towards speech, and shakes his self-confidence.

Some children start to stammer when a new baby arrives in the family, especially if they have not been well prepared for the event. A child who has been an only child may either stammer or revert to babyish ways of speech and general behaviour when he or she realises that the love and attention of the parents has to be shared with the new baby. Other children may stammer on receiving a physical or mental shock. Each child is so complex that it is impossible to predict that any particular circumstance will cause a child to stammer. For example, whilst most children are either curious or delighted at first seeing Father Christmas, some children cry, and a few start to stammer at their first sight of him. Some stammerers have periods of remission, but they often start to stammer again when the routine of their life changes, such as on moving house, a change of school or a change of teacher. An illness, or any kind of stress or strain, physical or emotional. However, once these patients have had treatment, they know how to cope with the situation, and they know that they can always return to the clinic for advice or for further treatment.

In all cases of stammering it is most important that advice should be sought as early as possible. This will limit the distress which can be suffered, will prevent the formation of habits and tensions (which take a long time to break down and be replaced by relaxation and fluent speech) and will avoid too long a period of adjustment to the changing habit of speech, which goes on during the whole of treatment. The patient's whole attitude to life and to those around him changes, once he finds the release of being able to express himself freely. This applies particularly to stammerers, but it also applies to all our patients who have had to overcome any speech defect.

TUBERCULOSIS

School Children (5-15 years of age) suffering from Tuberculosis whether in Maintained or Independent Schools.

On Register as at 1st January, 1965.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B	G.
Children attending maintained primary and secondary schools	8	8	—	—	1	—	—	—	—	—	9	8
Attending special schools	—	1	—	—	—	—	—	—	—	—	—	1
Attending independent schools	—	1	—	1	—	—	1	—	—	—	1	2
TOTALS	8	10	—	1	1	—	1	—	—	—	10	11

Changes during 1965.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1965	—	1	—	—	—	1	—	—	—	—	—	2
Inward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Notified children reaching school age during the year	—	1	—	—	—	—	—	—	—	—	—	1
TOTALS ...	—	2	—	—	—	1	—	—	—	—	—	3
Cases leaving school during the year	—	—	—	—	—	—	—	—	—	—	—	—
Outward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Cases removed from register	1	—	—	—	—	—	—	—	—	—	1	—
TOTALS	1	—	—	—	—	—	—	—	—	—	1	—

On Register at 31st December, 1965.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	7	9	—	—	1	—	—	—	—	—	8	9
Attending special schools	—	1	—	—	—	—	—	—	—	—	—	1
Attending independent schools	—	2	—	1	—	1	1	—	—	—	1	4
TOTALS ..	7	12	—	1	1	1	1	—	—	—	9	14

(Report by Dr. R. P. Boyd)

Chest Physician

Register

The number of school children on the tuberculosis register shows an increase of one respiratory and one non-respiratory case.

New Notifications

There were two new notifications, one (aged 15) respiratory pleural effusion and one (aged 14) non-respiratory—both girls. Both were sputum negative.

Deaths

There were no deaths of school children from tuberculosis during the year.

Contact Tracing

The contacts of both children were x-rayed and examined but nothing significant was found.

Tuberculin Testing Survey

The 27 strongly positive children newly found during the annual tuberculin survey, relative to B.C.G. vaccination, were all examined and x-rayed ; 4 normally reside outside Exeter and, of the remainder, 9 had already had B.C.G., 4 were known contacts, 1 was an old case (off the register as recovered) and 9 were not previously known to the clinic but their chest x-ray reports were satisfactory. All the children will be seen again towards the end of 1966.

1965 B.C.G. VACCINATION

MINISTRY OF HEALTH CIRCULARS 22/53, 7/59, 6/61 and 19/64

Parental consent for the test was received for 1,113 (84.4%) of the 1,318 thirteen-year-old children in maintained and independent schools in the city. 1,076 (96.7%) were given a tuberculin test and 37 were absent on three occasions when the tests were given. Of the 1,076 tested, 135 (12.5%) were tuberculin positive ; of the 941 who were negative, 923 were given B.C.G. vaccination, using freeze-dried vaccine. 7 children did not attend for B.C.G. vaccination although offered two or three appointments, the parents of 3 children had consented to the tuberculin test only and 8 children who had a negative result to the tuberculin test given were known to have been previously tuberculin positive or to have been B.C.G. vaccinated ; none of these was offered B.C.G. vaccination.

27 strongly tuberculin-positive children were chest x-rayed by the mass miniature radiography unit and all were found to be satisfactory.

In view of our previous experience over several years of the almost universal positive tuberculin reaction 1 year after B.C.G. vaccination, it was decided to discontinue these tests in 1965, but a sample check will be made again in 1966.

The following table sets out the details of the tests etc.:

TABLE A.

SUMMARY OF SURVEY OF CHILDREN BORN BETWEEN 1.9.51 AND 31.8.52 ATTENDING EXETER SCHOOLS, 1965.

(and comparison with previous years 1958—1964).

Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test and P.P.D. Tuberculin.

Schools		No. of Consent Forms sent out	No. Accepted all the tests	Referred to Chest Physician	Absent for Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C.G. Vaccination		Immediate Result of B.C.G. Vaccination			Ulcers	M.M.R. X-Ray.* Tuber. Pos. Cases only		
							Pos.	Neg.	Inoc.	Absent	Satis.	Not satis.	Absent	10 mms. Over	Satis.	Not satis.	Absent
L.E.A. ·	Girls	511	438	—	10	428	67	361	353	5	334	—	19	2	11	—	—
	Boys	500	419	—	12	407	47	360	353 (2 consen	2 t for test	352 only)	—	1	3	10	—	—
Total L.E.A. School Children		1,011	857 (84.8%)	—	22	835 (97.4%)	114 (13.7%)	721‡ (86.3%)	706 (2 consen	7 t for test	686 only)	—	20	5	21	—	—
Independent :	Girls	187	152	—	4	148	12	136	134 (1 consen	— t for test	133 only)	—	1	—	2	—	—
	Boys	120	104	—	11	93	9	84	83	—	81	—	2	—	4	—	—
Total Independent School Children		307	256 (83.4%)	—	15	241 (94.1%)	21 (8.7%)	220‡ (91.3%)	217 (1 consen	— t for test	214 only)	—	3	—	6	—	—
Grand Total, 1965		1,318	1,113 (84.4%)	—	37	1,076 (96.7%)	135 (12.5%)	941 (87.5%)	923 (3 consen	7 t for test	900 only)	—	23	5	27	—	—
Grand Total, 1964		1,517	1,263 (83.3%)	—	39	1,224 (96.9%)	156 (12.7%)	1,068 (87.3%)	1,053	13	1,027	—	26	3	28	—	—
Grand Total, 1963		1,280	1,063 (83%)	2	20	1,042 (98%)	116 (11.1%)	926 (88.9%)	920	1	913	1	6	15	39	—	—
Grand Total, 1962		1,464	1,257 (85.8%)	7	47	1 203 (95%)	159 (13.2%)	1,044 (86.8%)	1,030	16	989	3	38	3	63	—	7
Grand Total, 1961		1,174	1,015 (86%)	8	33	974 (96%)	90 (9%)	884 (91%)	882	2	856	2	21	3	86	—	4
Grand Total, 1960		1,669	1,428 (85.5%)	34	36	1,358 (95%)	149 (11%)	1,209 (89%)	1,199	10	1,176	1	22	3	140	—	3
Grand Total, 1959		1,092	875 (80%)	26	26	823 (94%)	64 (7.8%)	759 (92.2%)	751	8	734	—	17	10	57	—	7
Grand Total, 1958		1,223	976 (80%)	29	15	932 (95%)	79 (8.5%)	853 (91.5%)	848	5	823	1	24	—	873	—	65

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* From Autumn Term 1962 only the strongly tuberculin positive cases have been x-rayed.

† Includes 6 children (in L.E.A. Schools) and 2 (in Independent Schools) who were known to have been previously tuberculin positive or to have had B.C.G. vaccination. None of these were offered vaccination.

DIPHTHERIA (Booster) AND TETANUS IMMUNISATION IN SCHOOLS

Offers were made of immunisation, to all 10-year-olds in school as under :

Children who in infancy :	*Offered.*
1. Had had Diphtheria/Tetanus immunisation.	Booster dose Diphtheria/Tetanus prophylactic
2. Had had Diphtheria immunisation only.	Booster dose Diphtheria prophylactic with full course Tetanus prophylactic
3. Had not had either Diphtheria or Tetanus immunisation.	Full course Diphtheria/Tetanus prophylactic

In all 838 doses of tetanus prophylactic and 531 doses of diphtheria prophylactic were given to 547 children in school aged 10 years whose parents took advantage of the offer (representing rather more than half of the " possible ").

POLIOMYELITIS VACCINATION 1965

Vaccination against poliomyelitis with oral vaccine was continued and during the year, 135 children of school age (i.e. born before 1960 and under 16 years of age—as recorded in the return to the Ministry of Health) completed a course of three doses of poliomyelitis vaccine ; these are not necessarily all attending local authority schools.

Fourth (booster) doses were given to 1,302 children between the ages of 5 and 12 years in the city.

SMALLPOX VACCINATION
VACCINATION STATE AS NOTED DURING SCHOOL ENTRANTS' MEDICAL EXAMINATIONS IN 1965.

Year of Birth	Vaccinated	Not Vaccinated	Not Known	TOTAL
1961 and later	25	14	5	44
1960	327	62	95	484
1959	337	81	66	484
GRAND TOTAL	689	157	166	1,012

Vaccination is recorded by the school nurses from information given to them by the parents. 67.9% of the school entrants examined by complete periodic medical examinations during the year were stated to have been vaccinated.

21 primary vaccinations and 34 re-vaccinations were carried out during the year in children in the city age 5 to 15 (as recorded in the returns to the Ministry of Health) ; these children are not necessarily all attending local authority schools.

T.A.B. VACCINATION (AGAINST TYPHOID AND PARATYPHOID FEVERS)

It has for some years been recognised that a considerable proportion of cases of typhoid and paratyphoid in this country has occurred in holidaymakers recently returned from abroad.

As in previous years, T.A.B. immunisation was offered, subject to parental consent, to parties of school children attending the council's maintained schools, who were going abroad on educational visits.

In the three schools concerned, 127 children were given protection.

INFECTIOUS DISEASES

Incidence of certain notifiable infectious diseases other than tuberculosis in 1965 in children (Exeter residents) 5-15 years of age. These do not necessarily all attend maintained schools.

(Corrected for change of diagnosis).

Disease	Boys	Girls
Scarlet Fever....	16	20
Whooping Cough	8	7
Measles	166	157
Pneumonia	1	—
Dysentery	40	42
Food Poisoning	2	1
Poliomyelitis (Paralytic)	—	—
(Non-Paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—

Scabies

4 children from 4 different families were reported during the year.

HOSPITAL REPORTS

During the year 995 reports were received from local hospital consultants (830 from the Royal Devon and Exeter Hospital, 165 from the Princess Elizabeth Orthopaedic Hospital) about children referred to them through the school medical officers or direct by the child's own doctor; these reports are much appreciated.

DEATHS

I am sorry to have to report the death by drowning of a girl aged 13 whilst bathing in the sea at a nearby resort.

SCHOOL MEALS AND MILK REPORT, 1965

I am indebted to the Director of Education and the School Meals Organiser for this information.

There has been an increase in the number of children taking meals during 1965. The statistical return required by the Department of Education and Science, shown below, indicates the number of children taking meals and milk on selected dates during the last three years.

	Milk		Meals		
Date	Number of Children taking Milk	Percentage	Number of children taking Paid Meals	Number of children taking Free Meals	Percentage
23.9.65	9,034	85.69	5,265	605	55.61
17.9.64	9.157	86.5	4,858	514	50.75
19.9.63	9.091	87.5	4,401	395	46.22

During the major holidays, meals were provided for necessitous children at three centres—Bradley Rowe School, Montgomery School and Whipton Infants' School. The attendance was as shown below :

Holiday	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	682	190	27.86
Summer	705	194	27.52
Christmas	772	227	29.4

The charge for the meal remained at 1s. 0d. Free meals were granted according to parental income. An average of 740 children per day were eligible for free meals.

Self-contained canteens operated at 14 schools. The organisation was as set out below :

Kitchen	Meals daily Capacity	Approx. No. of meals	Schools served
Montgomery School	1,000	1,059	Cowick Street I. St. Thomas J.M. & I. Exwick J.M. & I. Montgomery J.G. & I. John Stocker J.B. John Stocker Boys' S.M. St. David's J.M. & I. Buddle Lane Nursery
Bradley Rowe School	750	782	Bradley Rowe I., J.B., and J.G. Central J.M. & I. St. Nicholas J.M. & I.
Ladysmith School	350	549	Ladysmith Boys' S.M., J.M. & I.
Whipton School	350	397	Whipton I. Whipton Barton J.M.
Hele's School (two kitchens)	700	585	Hele's
Bishop Blackall School	375	376	Bishop Blackall
Chestnut Avenue Nursery School	48	30	Chestnut Avenue Nursery
Summerway J.M. School	375	507	Summerway J.M. Heavitree J.M. & I. St. Sidwell's J.M. Newtown J.M. & I.
The Priory School	375	301	The Priory Girls' S.M. Technical College (Hele Road)
The Vincent Thompson School	375	357	The Vincent Thompson Boys' S.M. Episcopal Mixed S.M.
Stoke Hill J.M. School	200	230	Stoke Hill J.M. & I.
Countess Wear J.M. School	375	250	Countess Wear J.M. & I.
Beacon Heath J.M. & I. School	250	308	Beacon Heath J.M. & I.
St. James Girls' S.M. School	250	206	St. James Girls' S.M.
St. Thomas Girls' S.M. School	200	193	St. Thomas Girls' S.M.

Menus were based on a monthly plan in order to give variety and follow the Department of Education and Science meat pattern. Nutrition has been satisfactory, the required protein from meat was obtained. Meals were deficient in dried milk : in order to include the Department's suggested quantities it is necessary to include it in puddings in amounts that spoil texture and consistency. This is undesirable : a meal of the correct nutritive value is of no value if it is not eaten.

A TYPICAL MENU

Monthly Menus Kitchen .... Supervisor's Signature : ....

DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week ending	Exeter Stew, Potatoes Mince Tart, Custard	Madras Shepherds Pie Macedoine of Vegetables Pineapple Upside-Down Pudding, Custard	Roast Pork, Stuffing, Roast Potatoes, Mashed Swedes Rose Hip Jelly, Sponge Fingers, Mock Cream	Steak Pie, Potatoes, Cabbage Milk Pudding	Baked Fish, Parsley Sauce, Tomatoes Jam Roly Poly, White Sauce
Week ending	Meat and Potato Pie, Carrots Chocolate Chip Pudding, Chocolate Sauce	Liver and Bacon Casserole, Potatoes and Cabbage Apricot Crumble, Custard	Cottage Pie, Peas Gingerbread Pudding, Rose Hip Syrup Sauce	Roast Lamb, Mint Sauce, Mashed Swedes, Roast Potatoes Trifle	Steak and Kidney Pudding, Potatoes, Cabbage Rhubarb and Custard
Week ending	Savoury Mince, Roast Potatoes, Peas Golden Pudding, Custard	Brisket of Beef, Dumplings, Carrots, Potatoes Flapjacks, Chocolate Sauce	Brown Stew, Potatoes Toffee Apple Pie, White Lemon Sauce	Grilled Sausage, Onion Sauce, Mashed Potatoes, Tomatoes Lemon Crunch Pudding, Custard	Beef Casserole, Potatoes, Macedoine of Vegetables Madelaine Sponge
Week ending	Roast Beef, Roast Potatoes, Cabbage Sultana Pudding and Custard	Cottage Pie, Peas Semolina Tart, Custard	Swiss Steak, Roast Potatoes, Cabbage Jam Topped Pudding, White Sauce	Stuffed Bason Roll, Mashed Potatoes, Tomatoes Orange Curd Tart, Custard	Meat Cobble, Potatoes, Carrots Chocolate Crunch, White Sauce

SCHOOL ACCIDENTS

126 accidents to children in school (79 boys, 47 girls) were reported this year (last year—140). This represents approximately 11 accidents per 1,000 children attending the city schools.

Secondary Schools

There were 74 accidents (41 boys, 33 girls) reported by secondary schools representing 16 accidents per 1,000 children.

Place of accident (last year's numbers in brackets)

In Classroom	9	(13)
In passage to and from class	9	(6)
During physical exercises	26	(18)
During organised games	14	(17)
At swimming baths	1	(0)
In playground during free play	15	(12)

The organised games involved were :

Athletics	6	(6)
Netball	5	(3)
Rounders	1	(1)
Football	2	(1)

During physical exercises the accidents occurred :

While using apparatus (Box or buck 9, parallel bars 6, beam 4, trampette, climbing apparatus and form 1 each.)	22	(9)
During free exercises	4	(9)

The lessons during which accidents occurred :

Metalwork	2
Woodwork	2
Domestic science and music	1 each
Chemistry	2
Other	1

Junior Schools

There were 36 accidents (25 boys, 11 girls) reported by junior schools representing 9 per 1,000 children.

Place of accident

In classroom	2	(6)
During organised games	2	(0)
During physical exercises	11	(7)
In playground during free play	21	(28)

The organised game involved was :

Netball	2

During Physical exercises the accidents occurred :

While using apparatus (Jumping stand (1), climbing apparatus/roller skating/hit with bat (2 each).)	7
While doing free exercises	4

Infant Schools

There were 16 accidents (13 boys, 3 girls) reported by infant schools representing 2 per 1,000 children.

Place of accident		
In classroom or in school premises	3	(6)
In playground during free play	8	(12)
During physical exercise (4 while using climbing apparatus).	5	(1)

All Schools

Injuries sustained		
Fractures	41	(40)
Dislocations	1	(2)
Sprains	23	(18)
Wounds	44	(50)
Bruising	5	(14)
Concussion	5	(10)
Eye injury	3	(0)
Others	4	(2)

Mechanism of Accidents		
Collision with other child	9	(16)
Collision with object or structure	4	(18)
Fall from height	39	(28)
Fall on level	51	(28)
Crushes	5	(2)
Hit by object	6	(15)
Cut with sharp instrument	9	(5)
Others	3	(2)

Accidents according to school terms :		
Autumn Term	47	(54)
Spring Term	44	(49)
Summer Term	35	(72)

Observations by Dr. G. P. McLauchlan on School Accidents—1959-65.

This is the seventh year in which a breakdown of the school accidents has been included in the Annual Report and a look at the figures over this period might be useful.

Numbers

The mean for the 7 years is 128 with 100 accidents in 1962, the lowest figure, and 175 in 1963, being the highest. The variation is not so great as might appear, when consideration is given to the total school population involved, viz. : approximately 11,000.

School Term

In 1962 I commented on the fact that during the previous 3 years most accidents occurred in the autumn term and fewest during the summer term. Over the past 6 years (the figures for individual terms are not available for 1959 the first year of this summary) one finds that most accidents occurred in the autumn and fewest occurred in the spring terms.

Autumn term	....	304
Spring term	....	221
Summer term	....	259

During each of the past 3 years, however (1963-65), most accidents occurred during the summer term, so we cannot assume any significant trend.

Sex

If all school accidents are taken into consideration, boys were involved slightly more often than girls. During the seven years 60% of the accidents involved boys. However, if the accidents are broken down according to whether the child attends a senior, junior or infant school the proportion of boys rises in that order, viz. : senior schools 53% boys, junior schools 66% boys, infant schools 70% boys.

Place of Accident

The largest group of accidents—40% of the total—occurred in the school playground during free play. These, except when there have been defects in the playground surface or in the buildings or fencing (which was a very small minority) would seem not to be preventable : 19% of all the accidents occurred during physical exercises and 15% during organised games.

The greatest single cause of accidents during organised games was Netball, which accounted for 34% of such accidents. I have commented on this previously and suggested that as netball is usually played on hard surfaced courts, falls are more likely to result in injury than in other games played on grass. Athletics caused nearly as many injuries as netball and made up 30% of the accidents during organised games ; most of them happened during practice for long and high jumps. Rugby accounted for 25% and this is high in comparison with the other games as only two schools in the city (Hele's with 809 boys, and John Stocker with 457 boys) in fact play rugby, though this only represents 25 accidents in 7 years ; the corresponding figures for soccer is only 9%.

Injuries Sustained

Although some of the injuries have led to temporary incapacitation of the child and absence from school, in none of the accidents, as far as is known, did any permanent disability result.

Wounds were the commonest type of injury sustained accounting for 37% of all injuries. Fractures are next representing 30% of the injuries. Concussion resulted in only 4% of the accidents and eye injuries 1%.

SCHOOL ACCIDENTS

		1959	1960	1961	1962	1963	1964	1965	Total
TOTAL ACCIDENTS		125	104	126	100	175	140	126	893
Secondary	boys	36	27	39	39	60	41	41	283
	girls	38	39	35	22	35	28	33	230
Junior	boys	23	17	25	15	39	28	25	172
	girls	11	12	16	15	18	21	11	104
Infant	boys	7	7	5	9	16	14	13	71
	girls	10	2	6	—	7	5	3	33
	TOTAL	125	104	126	100	175	140	126	893
Place of accident :									
Playground during free play		55	41	49	40	80	52	44	361
In classroom		18	15	16	8	20	25	14	116
In passage to and from class		15	12	14	17	20	8	9	95
During physical exercises		15	19	19	15	29	26	42	165
During organised games		21	17	27	19	24	20	16	144
Swimming		1	—	1	1	2	3	1	9
During school activity		—	—	—	—	—	3	—	3
	TOTAL	125	104	126	100	175	137	126	893
Organised games :									
Athletics		7	2	6	1	6	8	6	36
Rugby		1	3	5	8	5	3	—	25
Football		5	4	4	2	2	1	2	20
Netball		4	6	7	7	5	4	7	40
Cricket		2	1	—	—	1	3	—	7
Rounders		1	—	2	1	1	1	1	7
Hockey		1	—	1	—	1	—	—	3
Tennis		—	1	1	—	3	—	—	5
Dancing		—	—	1	—	—	—	—	1
	TOTAL	21	17	27	19	24	20	16	144

JUVENILE DELINQUENCY

138 children (121 boys ; 17 girls) attending schools maintained by the Exeter Education Committee appeared before the Juvenile Court during 1965. Of these, 6 children (4 boys ; 2 girls) were sent to approved schools.

The total number of juvenile offenders brought to the Court shews an increase on last year's numbers but was lower than in the previous three years.

JUVENILES BROUGHT TO COURT	BOYS	GIRLS	TOTAL
1961	186	24	210
1962	155	18	173
1963	141	5	146
1964	89	24	113

5 boys appeared more than once before the Juvenile Court for the same kind of offence. 10 boys appeared more than once for different offences.

The table below sets out the sex, age group and offences committed :

Juvenile Court Cases

OFFENCES PROVED	BOYS				GIRLS			
	AGE GROUP			Total	AGE GROUP			Total
	8-10	11-14	Over 14		8-10	11-14	Over 14	
Larceny	3	31	21	58	1	4	—	5
Larceny and Breaking In	—	19	7	26	—	—	—	—
Receiving	—	2	1	3	—	—	—	—
Assault	—	—	6	6	—	—	—	—
Indecent Assault	—	—	1	1	—	—	—	—
Wilful and Malicious Damage....	—	1	3	4	—	—	—	—
Act of Annoyance	—	2	3	5	—	3	1	4
Breach of Probation Order	—	1	—	1	—	—	—	—
Car and Motor Cycle Offences	—	2	11	13	—	—	—	—
Cycling Offences	—	1	1	2	—	2	—	2
Failing to Attend School	—	2	—	2	—	2	—	2
Being in Need of Care and Protection	—	—	—	—	—	1	2	3
Beyond Control	—	—	—	—	—	1	—	1
TOTAL . . .	3	64	54	121	1	13	3	17

Approved School Admissions.

During 1965, 6 children (4 boys ; 2 girls) all aged between 12 and 15 years were sent by the Court to approved schools ;

The reasons were :

Larceny	4
Beyond control	1
In need of care and protection	1
TOTAL	6

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

During the year 372 children (193 boys ; 179 girls) applied in accordance with the Bye-laws (1949) for part-time employment certificates for the first time and 132 children (94 boys ; 38 girls) for the re-issue of the certificate after working between 3 and 6 months.

Where a child has had a complete medical examination within the previous 12 months and subject to written confirmation by the parents that the child has had no serious illness or accident since that date, an employment certificate is issued without carrying out another medical examination. Certificates were issued under this procedure to 112 new applicants (44 boys ; 68 girls) and to 104 (74 boys ; 30 girls) who had been working for 3 months or so.

Licences were issued to 260 school children (149 boys ; 111 girls)—including 10 from independent schools after medical examination ; only one boy (aged 13) was found to be unfit for part-time employment and this was due to the after-effects from concussion. 28 children (20 boys ; 8 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed.

TYPE OF EMPLOYMENT (NEW CASES)	*Boys*	*Girls*
Delivery of newspapers	163	82
Delivery of groceries	7	—
Delivery of meat	6	—
Delivery of milk	9	—
Hairdressing	—	17
Shop assistants	—	69
Waitress	—	9
Chemist	2	—
Miscellaneous	6	2
TOTAL	193	179

SCHOOL LEAVING REPORTS

During 1965, 46 reports were sent to family doctors about children leaving school who were handicapped or had defects or any important medical history.

53 school leaving children were reported to the Youth Employment Officer regarding suitable employments.

EMPLOYMENT OF SCHOOL LEAVERS WITH HANDICAP

Reported on Form Y.9 during 1965

Form Y.9 is a medical report sent to the Youth Employment Officer indicating the employment(s) considered unsuited to the individual leaver having regard to his handicap as stated and when the handicap is such that registration under the Disabled Persons (Employment) Act, 1944 is not considered necessary.

Main Defect	*Boys*	*Girls*	*Total*
(a) Defective Colour Vision	14	—	14
(b) Educationally Subnormal	3	4	7
(c) Epilepsy	3	2	5
(d) Delicate	4	—	4
(e) Heart Condition	1	—	1
(f) Defective Vision	1	—	1
(g) Mild Spastic	1	1	2
(h) Hearing	7	2	9
Total	34	9	43

Reported on Form Y.10 during 1965

(Form Y.10 is a medical report indicating severe handicaps where registration under the Disabled Persons (Employment) Act, 1944 should be considered).

Main Defect	*Boys*	*Girls*	*Total*
(a) Educationally Subnormal	3	3	6
(b) Partially Sighted	—	1	1
(c) Deaf	1	—	1
(d) Physical Disability	1	—	1
(e) Delicate	1	—	1
Total	6	4	10

Financial Year ended 31st March, 1965

(The City Treasurer has kindly supplied me with the following figures) :

(a)	Total cost of School Health (including Dental) Service	£36,727
(b)	Cost in terms of penny rate	1.97d.
(c)	Cost per child to the Exeter Education Committee (based on a school population of 11,306)	£3.5.0d.

RETURNS TO MINISTRY OF EDUCATION

PART I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

AGE GROUPS INSPECTED (By year of birth)	No. of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED — Satisfactory Number	Unsatisfactory Number	No. of Pupils found not to warrant an examination
(1)	(2)	(3)	(4)	(5)
1961 and later	44	44	—	—
1960	484	484	—	1
1959	484	483	1	—
1958	—	—	—	4
1957	—	—	—	25
1956	—	—	—	32
1955	—	—	—	23
1954	—	—	—	26
1953	—	—	—	7
1952	323	323	—	10
1951	302	302	—	10
1950 and earlier	91	91	—	6
TOTAL	1,728	1,727	1	144

TABLE A—PERIODIC MEDICAL INSPECTIONS —*continued*

AGE GROUPS INSPECTED (By year of birth)	PUPILS FOUND TO REQUIRE TREATMENT (excluding dental disease and infestation with vermin) — For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(6)	(7)	(8)
1961 and later	2	8	5
1960	11	49	49
1959	22	102	94
1958	—	—	—
1957	—	—	—
1956	—	—	—
1955	—	—	—
1954	—	—	—
1953	—	—	—
1952	23	35	54
1951	42	50	73
1950 and earlier	9	11	18
TOTAL	109	255	293

TABLE B—OTHER INSPECTIONS

Number of special inspections	882
Number of re-inspections	3,344
TOTAL	4,226

TABLE C—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	12,916
(b)	Total number of individual pupils found to be infested	82
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil.
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil.

PART II.

Return of Defects found by Medical Inspection during the Year Ended 31st December, 1965

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS								SPEC. INSP.	
		Entrants		Leavers		Others		Total			
		T.	O.	T.	O.	T.	O.	T.	O.	T.	O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	16	33			41	10	57	43	9	10
5	Eyes: (a) Vision	35	188			74	34	109	222	60	34
	(b) Squint	27	6			2	3	29	9	—	—
	(c) Other	—	2			3	—	3	2	1	6
6	Ears: (a) Hearing	25	69			7	15	32	84	53	23
	(b) Otitis Media	4	30			2	2	6	32	1	—
	(c) Other	11	20			13	2	24	22	7	1
7	Nose and Throat	15	207			6	52	21	259	8	44
8	Speech	15	38			1	4	16	42	8	3
9	Lymphatic Glands	2	45			—	9	2	54	—	1
10	Heart	2	13			1	5	3	18	2	7
11	Lungs	12	27			2	6	14	33	6	6
12	Developmental:										
	(a) Hernia ...	—	1			—	8	—	9	—	—
	(b) Other	1	29			2	9	3	38	2	12
13	Orthopaedic:										
	(a) Posture	—	11			3	19	3	30	4	5
	(b) Feet	11	29			6	14	17	43	3	3
	(c) Other	8	39			1	19	9	58	3	10
14	Nervous System:										
	(a) Epilepsy	5	4			2	3	7	7	3	—
	(b) Other	2	1			—	3	2	4	2	9
15	Psychological:										
	(a) Development	—	9			3	7	3	16	24	5
	(b) Stability	1	16			—	8	1	24	6	6
16	Abdomen	—	2			—	3	—	5	2	5
17	Other	2	44			—	4	2	48	18	27

T means requiring Treatment. O means requiring Observation.

PART III.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	97
Errors of refraction (including squint)	783
TOTAL	880
Number of pupils for whom spectacles were prescribed	370

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	21
(b) for adenoids and chronic tonsillitis	169
(c) for other nose and throat conditions	2
Received other forms of treatment	612
TOTAL	804
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1965	14
(b) in previous years	30

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	30
(b) Pupils treated at school for postural defects	3
TOTAL	33

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

		Number of cases known to have been treated
Ringworm :	(i) Scalp	1
	(ii) Body	3
Scabies		4
Impetigo		38
Other skin diseases		186
	TOTAL	232

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	216

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	271

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	606
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	923
(d) Other than (a), (b) and (c) above. Please specify:	
Heart conditions (incl. Rheumatism and Chorea)	12
Lungs (incl. Tuberculosis and Non-Tuberculosis conditions, Bronchitis, etc.)	170
Epilepsy and other nervous conditions	10
Miscellaneous: Glands, Abdomen, Appendicitis, Influenza, Fractures, Urinary conditions	467
TOTAL (a) — (d)	2,276

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Ages 5 *to* 9	*Ages* 10 *to* 14	*Ages* 15 *&* over	*Total*
First visit	1,441	1,361	298	3,100
Subsequent visits	1,804	2,821	668	5,293
Total visits	3,245	4,182	966	8,393
Additional courses of treatment commenced	369	288	50	707
Fillings in permanent teeth	594	2,040	651	3,285
Fillings in deciduous teeth	498	60	—	558
Permanent teeth filled	504	1,854	605	2,963
Deciduous teeth filled	466	60	—	526
Permanent teeth extracted	96	385	92	573
Deciduous teeth extracted	1,809	599	—	2,408
General anaesthetics	800	435	55	1,290
Emergencies	325	147	35	507

Number of pupils x-rayed	222
Prophylaxis	680
Teeth otherwise conserved	2,977
Number of teeth root filled	21
Inlays	1
Crowns	8
Courses of treatment completed	3,256

Orthodontics

Cases remaining from previous year	283
New cases commenced during year	56
Cases completed during year	38
Cases discontinued during year	11
Number of removable appliances fitted	101
Number of fixed appliances fitted	NIL
Pupils referred to Hospital Consultant	38

Prosthetics

	5 *to* 9	10 *to* 14	15 *& over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	NIL	1	NIL	1
Pupils supplied with other dentures (first time)	2	15	4	21
Number of dentures supplied	2	18	11	31

Anaesthetics

General anaesthetics administered by Dental Officers	705

Inspections

(a) First inspection at school—Number of pupils	9,841
(b) First inspection at clinic—Number of pupils	583
Number of (a) + (b) found to require treatment	6,281
Number of (a) + (b) offered treatment	6,077
(c) Pupils re-inspected at school clinic	290
Number of (c) found to require treatment	171

Sessions

Sessions devoted to treatment	1,428
Sessions devoted to inspection	73
Sessions devoted to Dental Health Education	NIL

APPENDIX (1)

MEDICAL EXAMINATIONS IN SCHOOLS—ACCOMMODATION

(Report by the Director of Education and the Principal School Medical Officer).

The following accommodation is made available :

Head Teacher's Room	4	
Secretary's Room	2	1 Nursery
Classroom (one spare)	3	24 Primary
Hall	3	7 Secondary Modern
Staff Room	9	2 Grammar
Canteen, Youth Club, etc.	4	(+ 2 Annexes)
Medical Inspection Room	11	
	36	

One school—Countess Wear J.M.—does not use its Medical Inspection Room because it is too dark.

Average number of sessions (half days) spent in medical examinations per year—15.

Average number of sessions (half days) spent in dental examinations per year—3.

(These vary according to the size and type of school, but the attached schedule from the Principal School Medical Officer gives the exact number for 1965.)

In addition there are visits by the nurse, the educational psychologist, the teacher of the deaf, and other specialists, for whom similar accommodation has to be found.

In primary schools between 90% and 100% of parents attend.

In secondary schools between 40% and 50% of parents attend.

General Comments

Where a Medical Examination Room is not available, the use of staff rooms, halls or classrooms not only inconveniences teachers and children, but presents problems of privacy for parents in discussion with the doctor, when screens have to be used.

The interruption of lesson time is regretted—one school suggests examinations should be held in holidays, while another requests preliminary enquiries about the convenience of visits. Irritation over the disruption of school routine increases the difficulties experienced with substitute accommodation.

The comments of the Principal School Medical Officer are given below with a schedule of accommodation.

The only accommodation which can be regarded as really satisfactory is a medical suite comprising a suitable quiet room (with wash hand basin) for the doctor to examine the children and discuss problems with the parents in privacy, and another adjoining suitable room for the nurse to weigh and measure and test visions, take family history, etc., and also large enough for the parents and children to use as a waiting room without overhearing the nurse's conversation with parents. Medical examinations carried out away from the school are not satisfactory, because of the loss of contact with the Head Teachers and the fact that examinations are " divorced " from normal school life.

Under the present regulations (The Standards for School Premises Regulations 1954, paragraph 12)—". . . . suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists and nurses."

" The accommodation for such inspection and treatment shall be well and suitably lighted and heated and shall be conveniently accessible to a closet, and every room provided for such purposes shall include a wash basin with a supply of hot and cold water."

It is of the greatest importance that in the planning stages of all new schools, the Principal School Medical Officer should be consulted on the design of the accommodation for medical care facilities in the school.

The attached schedule sets out present medical accommodation in our schools and shows that a third of the schools have accommodation for medical care that is satisfactory (including four schools with excellent accommodation) ; nearly half have seriously unsatisfactory accommodation)—unsatisfactory mainly for the reason stated. In some, additional hand washing facilities are not conveniently available.

We gladly acknowledge the willing help given by the Head Teachers and their staffs, who do their best to provide accommodation for the medical and dental staff.

SCHEDULE OF MEDICAL ACCOMMODATION IN SCHOOLS AS AT 20/12/65

Number in brackets denotes number of medical sessions at the school from September, 1964 to July, 1965. * denotes not visited every term.
† Including parents.

Medical Accommodation				School	No. on Roll	Facilities for Doctor	Parents Waiting
Excellent	Satisfactory	Reasonably Satisfactory	Unsatisfactory				
	*			Beacon Heath J.M. & I.	522 (38)	Medical room, but noise from assembly hall excessive.	In hall.
			*	Bishop Blackall	645 (15)	Little room off kitchen.	Kitchen (gas stove used to heat room).
			*	Bishop Blackall Annexe		Deputy Headmistress's room.	In hall.
			*	Bradley Rowe I.	364 (17)	†Youth Club—one large room with screens, cold and draughty.	—
		*		Bradley Rowe J.B.	259 (3*)	Staff room.	In corridor.
		*		Bradley Rowe J.G.	228 (3*)	†All in large art room with screens.	—
		*		Central J.M. & I.	133 (5)	Headmistress's room.	Staff room.
	*			Chestnut Avenue	44 (5)	Medical room.	Headmistress's room.
	*			Countess Wear I.	152 (7)	Headmistress's room.	Staff room.
		*		Countess Wear J.M.	283 (3*)	Medical room unsatisfactory—too small.	Canteen and hall.
			*	Cowick Street I.	217 (9)	†All in large canteen with screens—cold.	—
		*		Episcopal Schools	448 (14*)	Two good rooms in old Partially Sighted School, but 'divorced' from school.	—
			*	Exwick J.M. & I.	86 (4)	†All in one classroom with screens.	—
			*	Hele's	809 (20)	†All in classroom back of stage with screens; access through gym.	—
			*	Heavitree J.M. & I.	260 (22)	Stage in assembly hall.	Assembly hall
			*	John Stocker J.B.	336 (7)	†All in one large classroom with screens.	—
			*	John Stocker Boys' S.M.	434 (13)	†All in secretary's room with screens.	—
				Ladysmith Infants	275 (8*)	†All in classroom with screens.	—

SCHEDULE OF MEDICAL ACCOMMODATION IN SCHOOLS AS AT 20/12/65—*continued*

Number in brackets denotes number of medical sessions at the school from September, 1964 to July, 1965. * denotes not visited every term.
† Including parents.

Medical Accommodation				School	No. on Roll	Facilities for Doctor	Parents Waiting
Excellent	Satisfactory	Reasonably Satisfactory	Unsatisfactory				
	*			Ladysmith J.M.	426 (9*)	Two rooms top floor. Access by spiral staircase.	—
			*	Ladysmith Boys' S.M.	448 (7*)	Small cramped room.	Open corridor. Cold.
			*	Montgomery J.G. & I.	478 (13)	†All in staff room with screens.	—
		*		Newtown J.M. & I.	157 (7)	Staff room.	Assembly hall.
*				The Priory Girls' S.M.	465 (13*)	Medical suite.	—
			*	St. David's J.M. & I.	118 (3*)	†All in one rather dark staff room with screens.	—
	*			St. James Girls' S.M.	466 (15)	Medical room—noise from kitchen.	In alcoves.
		*		St. Nicholas J.M. & I.	298 (14)	†All in canteen with screens.	—
	*			St. Thomas J.M. & I.	215 (7*)	Medical room.	Classroom next floor.
*				St. Thomas Girls' S.M.	345 (10)	Medical suite.	—
			*	St. Sidwell's J.M. & I.	351 (8*)	†All in hall with screens—cold.	—
	*			Stoke Hill Infants	179 (10)	Staff room.	Entrance hall.
	*			Stoke Hill J.M.	323 (7)	Medical room.	Assembly hall, some distance away.
*				Summerway J.M.	312 (15)	Medical suite.	—
*				The Vincent Thompson	468 (22)	Medical suite.	—
	*			Whipton Infants	364 (17)	Secretary's room.	Adjoining room.
			*	Whipton Barton J.M.	386 (5*)	Medical room, but used as classroom. Full of desks.	Corridor.
4	9	7	15				

APPENDIX (2)

19th January, 1965.

Letter of enquiry to parents of 8 and 11 year old children.
(See page 19 of the Report).

Dear Parent,

It was formerly the practice for the school doctor to examine all children at school when they reached certain ages (i.e. four or five times in the child's school life), but because of changing conditions we have, over the past 4 years been changing the system, so that we now ordinarily make two complete medical examinations, one at 5 years of age (school entry) and one at 13 years of age ; otherwise children are examined by the school doctor only at the request of the parent, teacher, nurse or doctor, or when we know from our medical records that the child should be seen from time to time. This system also enables school doctors to work more closely with your family doctor and hospital consultants.

As your child is now at an age at which formerly we would have given him the full medical examination, I would like you to complete a medical questionnaire, which will help us to decide whether a medical examination is desirable or not. I should therefore be grateful if you would answer this questionnaire and return it to the head teacher of the school *not later than Monday*, 1*st February*.

I would like to emphasise that the doctors in the School Health Service will *always* be very pleased to examine your child at any time you feel we can help ; all you have to do is to let the head teacher know, and arrangements will be made for you to be invited to attend when the doctor is next in the school, or if the matter is more urgent, at the clinic here. If you can come it is always very helpful but it is realised that it is by no means always possible. This does not in any way affect your right to consult your family doctor at any time you consider it necessary.

Yours truly,

E. D. IRVINE,

Principal School Medical Officer.

EXETER EDUCATION COMMITTEE

CONFIDENTIAL

School Health Department
1a Southernhay West,
Exeter.

19th January, 1965.

MEDICAL QUESTIONNAIRE

Child's Full Name.. Date of Birth..........

Address.. School..........................

Name of your family doctor...

Has your child suffered from any serious illness or accident since (s)he was 5 years old ?—if so, please give details..

....

....

Is (s)he subject to asthma ?...Yes/No

Has (s)he had " blackouts " of any kind ?...................................Yes/No

Do you think (s)he may have any worries ?.................................Yes/No

Is (s)he troubled by bed wetting ?...Yes/No

Do you think (s)he may have any hearing loss ?..........................Yes/No

Has (s)he been subject to ear-ache or running ears ?....................Yes/No

Have you any other problems about his/her health ?.....................Yes/No

....

Any other observations or requests...

....

If your child is to be examined, would you like to be present ?..........Yes/No
(If yes, an appointment will be sent to you by the head teacher)

Signature of parent... Date......................

N.B.—Please return this form to the head teacher not later than Monday, 1st February, 1965.

LONDON [illegible] OF HYGIENE
22 JUL 1968
AND TROPICAL MEDICINE